

## SECTION R: CUSTOMER SERVICE

### R.1 Customer Service Line Details

**R.1 Provide a narrative with details regarding your member services line including:**

- *Training of customer service staff (both initial and ongoing);*
- *Process for routing calls to appropriate persons, including escalation; The type of information that is available to customer service staff and how this is provided (e.g., hard copy at the person’s desk or on-line search capacity);*
- *Process for handling calls from members with limited English proficiency and persons who are hearing impaired;*
- *Monitoring process for ensuring the quality and accuracy of information provided to members;*
- *Monitoring process for ensuring adherence to performance standards;*
- *How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (e.g Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and*
- *After hours procedures.*

Amerigroup Louisiana (Amerigroup) offers comprehensive, personalized customer service through our National Customer Care organization (NCC). In 2013, the NCC answered more than 4.4 million member calls across all of our health plans with a call abandonment rate of only one percent. ***In 2013, we exceeded Louisiana Bayou Health contract requirements statewide and answered more than 134,000 member calls with an average hold time of 56 seconds and an annual call abandonment rate of 0.07 percent.*** Amerigroup also understands that it’s not all about quantity, but most importantly quality, as evidenced by our 2014 member services average quality score of 96.8 percent.

One of the primary reasons that Amerigroup exceeds contract requirements is our commitment to a designated team of member service representatives for the Louisiana Bayou Health program. Members are primarily serviced by CSRs who are trained specifically on the Louisiana Bayou Health program, contract requirements, and unique state geography and needs. Amerigroup delivers our efficient, cost-effective, and personalized services to members through a single, fully-integrated call center technology platform. Our system maximizes efficiency and productivity by ensuring ready access to the full range of sub-systems and data, including member eligibility, claims, and call details. Such capability allows us to be nimble in responding to spikes in call volume—such as during implementation phases—or business disruption due to a natural disaster at any one location. For instance, if a natural disaster occurs or we have an overflow of calls, we can seamlessly route the calls to different sites to continue serving members. During times of natural disasters, such as hurricanes, Amerigroup understands that members may be dispersed to other geographic regions. Our call centers have

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134,000

member calls. ♣

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Average hold time:

56 seconds.

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Call abandonment rate:

0.07 percent.

continued to maintain high call efficiency without delay to members during such critical times.

Members who call the toll-free member services line are able to select assistance from a menu that directs calls to member service representatives or points of self-service, depending upon the caller's needs and preferences. Our member services line offers the following:

- A single point of contact for members to simplify service
- 24/7 automated self-service for enrollment status, changing address and phone number, requesting an ID card, or ordering a member handbook
- Telephone menus in both English and Spanish
- Advanced technology that enables us to flow calls among multiple call centers if needed to respond to spikes in call volume or business disruption due to a natural disaster such as a hurricane.
- Staff, including bilingual member service representatives, specifically trained to serve Louisiana Bayou Health members
- Clinical assistance through Amerigroup On Call, which includes access to our *Nurse HelpLine*® 24 hours a day, seven days a week (24/7)

## Initial and On-going Customer Service Training

Amerigroup offers an extensive member service training program that includes curriculum specific to Louisiana and the Bayou Health Program. We maintain a diverse team of thoroughly trained employees who cultivate respectful and supportive relationships with Louisiana members and their families. Our training curriculum supports member service representatives in building the skills necessary to deliver knowledgeable and accessible assistance and services to our members of all cultures and abilities.

All employees attend a one-day orientation about Amerigroup, HIPAA privacy compliance requirements, and our customer and membership base as part of an extensive training program. Representatives then participate in an intensive 18-day training course before they begin answering live calls from members. The full training continues for a total of 43 days and is delivered in segments in which a representative learns certain processes and applies those processes for a short period of time. The representative then returns to the classroom and learns additional skills that build on the first segment. The full training includes classroom training, monitoring, and on-the-job training. Learning the information in small segments and applying it before moving on to additional learning has shown the best results. Table R.1-1 delineates some of the training topics we cover.

In addition to comprehensive program training, our customer service representatives receive additional training on local geography, dialect, pronunciations, and other Louisiana-specific nuances to deliver personalized service to members. 🌸

We conduct our training in a controlled environment with supervision and coaching, followed by an evaluation period. The curriculum covers a variety of topics including member services core training and training specific to the Louisiana Bayou Health Program. The member service representatives are also trained to use our online knowledge management application for real-time access to a database of program requirements and covered services. He or she will be instructed and be proficient on all Louisiana Bayou Health program details and update alerts so when members call, they will receive up-to-date program information and changes. We evaluate staff competency through supervisor assessments, simulated calls, post-tests, and similar measures.

Staff training also includes using TDD/TTY, as well as video relay services. We hold initial and on-going trainings on how to assist Louisiana members with accessing medical services, cultural competency (including diversity training, Louisiana geography, and cultural references), assisting members who have limited English proficiency, and other relevant topics, such as bullying, family supports, and medication management.

As an indicator of the effectiveness of our training process, **our 2014 member services’ average quality audit score is 96.83 percent.** The quality audits, conducted by quality assurance analysts on a regular basis, evaluate representatives’ performance on multiple areas related to program knowledge and a service-oriented approach to call handling.

*Table R.1-1. Comprehensive Staff Training Offered to Maintain Skills*

Topic	Training Description
Systems Training	We introduce member service representatives to the computer-based programs used to assist our members. All representatives undergo extensive training on our core operations symptoms. Training includes instruction on verifying member enrollment, changing a PCP, and accurately recording all member transactions in the contact log.
Call Monitoring	Representatives participate in call monitoring, a controlled classroom exercise in which representatives listen to live calls and see the systems in use. Representatives discuss each call and learn techniques to address members’ needs.
On-the-Job Training	Member service representatives remain in the controlled classroom setting and handle live calls under close supervision from an experienced staff member. We provide an assessment exam after each training session to assess the representative’s understanding of our process and procedures. For example, when we train our representatives to perform a PCP change for a member, the representative must successfully pass the assessment to verify that he or she can perform the change according to State-specific and internal standards. Once the representative successfully masters all required skills, we integrate him or her into the call center work team. We continue monitoring activities using call evaluation software. We use audio recordings and video screen shots as CSRs work through member calls.
On-going Training	After member service representatives receive their initial training and begin taking member calls, they benefit from on-going training initiatives to make sure that their skills remain fresh and they are continually engaged in personal development. For example, when we introduce a new product or system, we make certain that each representative fully understands the product through one-on-one and/or classroom training.

### Ethics, Compliance, and Program Integrity Training for All Employees

We also require ethics and compliance training for all member service representatives, as well as other employees. Successful and timely completion of required ethics and compliance education courses is a condition of employment with Amerigroup. Each employee must successfully complete, at a minimum, three hours of initial compliance training within 30 days of joining Amerigroup and four hours annually thereafter. Employees who fail to complete the required ethics and compliance education courses are subject to corrective action, up to and including termination of employment.

This computer-based training introduces the shared values outlined in the Standards of Ethical Business Conduct, reinforces internal standards of conduct, and emphasizes the importance of Compliance Program objectives. Furthermore, the training addresses items relevant and applicable to our business:

- Our commitment to compliance with all federal health care program requirements and promoting an ethical culture
- The expectation that employees comply with all federal health care program requirements and Amerigroup policies and procedures
- The availability of Amerigroup's compliance hotline and other disclosure mechanisms, as well as the company's commitment to confidentiality and non-retaliation for those using such mechanisms to ask questions or to report violations or concerns
- Current risks and trends related to our industry and business
- Understanding the recurring violations of the Standards of Ethical Business Conduct
- The consequences for failing to comply with federal health care program requirements and company policies and procedures, as well as the consequences for failing to report known or suspected violations

Additionally, the comprehensive training on fraud, waste, and abuse helps ensure our employees are fully informed and understand their responsibilities regarding program integrity. The training emphasizes, among other things, different types of fraud, waste, and abuse in the health care industry; the False Claims Act; and the company's responsibility to deter and detect such activities by members, providers, and other parties. The training addresses specific actions that employees can take to deter and detect fraud, waste, and abuse, and how to report it.

## Cultural Competency

Amerigroup understands that Louisiana residents come from diverse populations and backgrounds. Recognizing and being sensitive to the cultural needs of a diverse population is a core competency of our member service representatives. Amerigroup's cultural competency training plan fully supports this effort. All employees must complete this training—and must pass an exam at the end of the course—to demonstrate their understanding that the provision of services to people of all cultures, races, ethnic backgrounds, abilities, and religions must be completed in a manner that *recognizes, values, affirms, and respects the worth and protects and preserves the dignity of each member*. Our training curriculum includes definitions, benefits of cultural competency, government regulations, values, language resources, and variations in social comfort factors. Amerigroup policies and procedures fully support 15 federal culturally and linguistically appropriate guidelines regarding cultural issues, languages and readability. *In addition to our core training, member service representatives receive additional training on local geography (parishes), correct dialect pronunciations (such as the pronunciation of street names), and other Louisiana-specific training.*

## Customized Service for Louisiana Bayou Health Members

Amerigroup Louisiana members will be served primarily by a designated team of member service representatives who will *be trained specifically on the Louisiana Bayou Health program*. We identify a Louisiana member through an automatic number identification that determines if the call is from a Louisiana area code and a prompt from our Voice Portal that identifies the caller as a Louisiana member. The automated call distribution system will route the call to a Louisiana-trained representative.

Additionally, our representatives receive daily announcements via our knowledge management system on changes to the Louisiana program, requirements, or processes. Depending on the complexity of a change, Louisiana representatives may also receive supervisor reinforcement via team meetings, computer-based training modules, or actual classroom training.

## Efficient Routing Technology Allows for Timely Member Response

Amerigroup uses call routing technology that recognizes the area code of the caller and routes members to a member service representative using English or Spanish Voice Portal prompts. Voice Portal technology enables us to quickly identify a caller's need and rapidly direct him or her to the most appropriate resources, including the Behavioral Health Hotline. The Voice Portal is designed so that members reach a representative with a minimum of prompts. Based on the member's selection, our automated call distribution system routes the call to a representative who is most appropriate to meet the caller's needs (for example, one with particular expertise in Pharmacy benefits). The Voice Portal also offers self-service options for select functions, including checking eligibility status, changing contact information, or requesting a new ID card, Member Handbook, or Provider Directory.

### Voice Portal Options (English and Spanish):

- Check eligibility status.
- Request a new ID card.
- Order a member handbook or provider directory. 🌸

### Powerful Integrated Desktop Efficiently Accesses Member Data

Amerigroup uses a powerful customer service application that helps our representatives handle member inquiries and requests more efficiently. This application integrates information from multiple back-end systems into a single screen view for our member service representatives. ***The integrated desktop speedily accesses and displays data related to benefits, service utilization, enrollment, authorizations, and other health insurance coverage, tailored to the members' programs and geographic location.*** 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 CSRs to spend time flipping between screens—while the member is waiting—in search of information during the service call.

The integrated desktop displays necessary information for our representatives in an organized and simplified fashion, according to the business rules of the specific market and product. These pre-programmed rules guide our representatives to enhanced efficiency in servicing our members' requests, while the integrated desktop system captures detailed call documentation. When a CSR is unable to resolve an inquiry during the first call, the issue is immediately transferred to the appropriate business area for resolution—with issue status available for all viewers. All agents are trained on the escalation processes and when it is necessary to use the warm-transfer approach.

**Powerful desktop technology reduces redundant data gathering from members, thus improving member satisfaction and reducing average call time by 30 seconds. 🌸**

Our system's efficiency and ability to both access and process data across multiple back-end systems have reduced the average call time for a member to add a new baby to the plan from eight minutes to three minutes—an impressive five-minute reduction. While Amerigroup never rushes callers or places a maximum time limit on member calls, the system optimizes the use of the time we do spend to promote single-call resolution and provides added convenience and speed to resolution for our members.

## Handling Calls from Members with Limited English Proficiency and Members Who Are Hearing Impaired

Amerigroup member service representatives include employees who reflect the cultural and linguistic backgrounds of our members. All other interpretive services are provided by professional over-the-phone interpreters (OPI) service vendors, the Telecommunication Devices for the Deaf/Teletypewriter Technology (TDD/TTY) line for the hearing impaired or locally contracted interpreter service vendors. Amerigroup pays for the cost for these services.

### Services for Members with Limited English Proficiency

Amerigroup provides access to appropriate linguistic services for all members. This is not only a regulatory and contractual requirement; it is a core element of our Cultural Competency program. We train all our employees on how to identify the need for and initiate interpretation services. ***Through our language services vendor, we serve our members in more than 200 languages other than English.***

When a member who does not speak either English or Spanish calls Amerigroup, the CSR places the member on a brief hold to bring in the language services vendor. Generally, within an estimated 45 seconds, an interpreter, the member, and CSR are connected in a three-way conversation.

### Services for Members with Hearing and/or Language Disabilities

A separate toll-free number provides Telecommunication Devices for the Deaf/Teletypewriter Technology (TDD/TTY) access for members with hearing loss and/or language disabilities via AT&T Relay Services. The member calls the TDD line and the TDD Operator places a call to Amerigroup. The TDD Operator communicates the member's message to a member service representative. The representative then replies to the member through the TDD Operator.

Callers with hearing disabilities can also communicate with Amerigroup using technology that allows them to conduct video relay conversations through a ***qualified sign language interpreter***. The member actually sees a sign language interpreter on his or her television screen; the sign language interpreter places a call to Amerigroup and communicates the member's message to a member service representative the same as any other three-way relay call. The advantage is that the video relay sign language interpreter is able to visualize the member's facial expressions, a subtle but important factor in connecting with members.

To further assist members and potential members in understanding the requirements and benefits of their Plan and to meet their customer service needs, Amerigroup provides the following:

- Written member communications in English and Spanish
- Member communications available, upon request, on tape or in large print or Braille for members with limited vision
- A provider directory with a listing of the languages spoken by PCPs and OB/GYNs
- The member handbook with information on how members can access the variety of linguistic services available to them

## Monitoring Process for the Quality and Accuracy of Information Provided to Members

Amerigroup monitors and evaluates the quality of service and accuracy of information delivered to customers through the use of call monitoring and documentation reviews of member service representatives. All callers hear a message informing them that their calls may be monitored for quality

control purposes. The recording provides feedback and coaching to individual associates and gives the NCC department opportunities to improve performance, assess the accuracy of information provided to an enrollee, and evaluate the quality of the interaction between a member service representative and a member. Call monitoring includes the following:

- Silent monitoring
- Recorded calls
- Side-by-side monitoring

Quality Assurance (QA) Analysts primarily perform call monitoring randomly throughout the month. Quality evaluation results for employees completing new-hire training are used as coaching opportunities during the first two months on the phones. The quality audit evaluates representatives' performance on multiple areas related to program knowledge and a services-oriented approach to call handling. Aggregate and individual performance information is tabulated and available monthly for the call center management team. ***Our 2014 member services' YTD average quality audit score is 96.83 percent.***

### Using Member Satisfaction Input to Drive Service Improvements

Amerigroup listens to our members and their families as part of a quality improvement service program. To this end, we regularly complete member satisfaction studies across our health plans, gathering feedback on such areas as the following:

- Satisfaction with member services
- Staff courtesy
- Ease of accessing care
- Satisfaction with the number of providers available
- Satisfaction with quality of information provided
- Amerigroup's ability to provide physicians who work well with members and their families

The data gathered from these surveys become an integral component of our member services continuous quality improvement program. The results provide us with valuable benchmark information and point us to those areas that we focus on for improvement. We continually reach out to our members for their feedback and use the information provided to further improve our service delivery.

### Monitoring Process for Ensuring Adherence to Performance Standards

**Managing Performance Standards.** Amerigroup uses multiple call status reports, at a variety of frequencies, ranging from every 15 minutes to quarterly that detail our compliance with performance standards. Our reports show trends for call volume, average speed of answer, and abandonment rate. We evaluate existing processes for our call center and make necessary adjustments to meet or exceed all service levels and requirements to improve the quality of service offered by our representatives.

**REAL SOLUTIONS**  
*mean*  
**REAL RESULTS**

**Hurricane Isaac (2012) Response:**

- Amerigroup member and provider staff hotlines were staffed by live agents, available 24 hours a day throughout September 1st and 2nd.
- We worked with DHH on inpatient admissions and continued stay confinements without requiring clinical review.
- We worked with members who were dispersed across Louisiana and other states and helped members who needed assistance while temporarily outside the Amerigroup GSA prior to returning home.
- Amerigroup Louisiana associates joined forces with Second Harvest Food Bank to collect donations immediately after the hurricane. 🌸

We maintain operating protocols that promote consistent achievement of our service standards, including real-time monitoring of our call-handling performance. Our Workforce Management team conducts real-time monitoring of the call center's telephony metrics using a variety of technology tools and custom reports. When call volume increases beyond the capacity of our scheduled representatives, we expand the call answering queue to include designated back-up representatives who may be located in any of our six call centers. This approach enables us to optimize staff efficiency while capably meeting performance standards. Additionally, our workload balancing application helps to ensure that our scheduled staff can meet the forecasted needs. An added benefit of being **able to move calls between our multiple call centers** is that **we react quickly during natural disasters**. For instance, during Hurricane Isaac in 2012, our call centers were able to continue to take calls from members who were in need.

## Interacting with Other Customer Service Resources to Connect Members to Additional Resources

In addition to providing information about Amerigroup benefits and resources, our member service representatives are trained to provide referrals to other health and social service agencies commonly accessed by members in the community. If a member calls requesting information for services outside of Amerigroup, our representatives provide information, referrals, and contact information for a variety of community-based service organizations and other state, parish, and city agencies. These include Partners for Healthy Babies, WIC, housing assistance organizations, and homeless shelters. The listing of these agencies and service organizations, developed in coordination with DHH, is also provided in the member handbook.

**Amerigroup Community Resource Link.** In collaboration with Louisiana's 211 network, our Amerigroup Community Resource Link gives members a searchable online resource for programs, benefits, and services available in the community, displayed in easy-to-use format and searchable with GPS technology. Members access this search engine through the member portal. Members can enter their zip code to find social programs ranging from nonprofit to government and private sources.

## After Hours Procedures

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### Self-Service Options for Members

Amerigroup's self-service options allow members to retrieve information through increasingly popular voice and web portals.

**Voice Portal.** Members can access our voice-controlled automated system in both English and Spanish. Members may also leave a voicemail message to receive a return call by the close of the following business day.

**Member Website.** Members may access web-based self-service tools after hours to check eligibility, search for providers, request a new ID card, view the member handbook, or access a variety of other relevant information.

**E-Inquiries Enhance Member Convenience.** Recognizing the ever-increasing role of the computer in our daily lives, Amerigroup also allows members to ask questions via our secure member website at [www.myamerigroup.com](http://www.myamerigroup.com). Immediately upon the successful submission, the member receives confirmation of his or her request. Responses are provided within two business days of receipt.

## R.2 Member Service Hotline Telephone Reports

***R.2 Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2014 for the most recent four (4) quarters, with data that show the monthly call volume, the trends for average speed of answer (where answer is defined by reaching a live voice, not an automated call system) and the monthly trends for the abandonment rate. Affiliates should be included when determining the largest contract.***

The member call center uses various reporting measures to deliver telephone statistics that meet or exceed national benchmarks, individual State Medicaid contract regulations, and Amerigroup's internal guidelines. The automated call distribution and service level reports are downloaded on a daily, weekly, monthly, and quarterly basis from Avaya, CMS, and the contact management system. Results are distributed daily, weekly, monthly, and quarterly to our National Customer Care (NCC) management, including managers and above. They are also provided to the national Quality Improvement Committee (QIC) and health plan senior leadership.

The member services toll-free number offers a single point of contact for members to simplify service and receive clinical assistance through Amerigroup On Call. Our automated, self-service Integrated Voice Response system, available in English and Spanish, allows members to find information on their enrollment status, change their address and phone numbers, select and change their PCP, request an ID card, and order a member handbook or provider directory. Our NCC organization focuses on members' needs with an emphasis on speed, efficiency, and consistency. All NCC member service representatives spend as much time with each caller as is needed to address issues and help members navigate the health care system. Our organization provides comprehensive, personalized customer service with member service representatives successfully handling on average 17,714 calls from members, physicians, and other providers in addition to 10,896 self-service voice portal calls on a daily basis across Louisiana and our affiliates' markets.

As an incumbent in the State of Louisiana, we are providing Louisiana-specific telephone hotline reports. The Member Hotline Status Report for the most recent four quarters (July 2013 through June 2014) is provided below in Table R.2-1.



Table R.2.1 Louisiana Member Hotline Performance Measures July 2013 through June 2014—Includes Amerigroup and Subcontractor Numbers

Reporting Period (yyyy,mmm)	Total Incoming Calls	% of Calls Answered	% Answered within 30 seconds	% Choosing IVR Assistance	# Choosing to Speak to live Person	% Choosing to Speak to live Person	person choosing to speak to a live person		
							Average Hold Time	Average Call Length	% Calls Abandoned
<b>3rd Quarter 2013</b>									
2013-Jul	11,460	99.60%	94.20%	38.90%	6,999	61.10%	1.15	7.74	0.60%
2013-Aug	11,058	98.90%	94.70%	38.90%	6,757	61.10%	1	6.99	1.90%
2013-Sep	10,113	99.60%	96.90%	37.90%	6,276	62.10%	0.98	7.1	0.60%
<b>4th Quarter 2013</b>									
2013-Oct	10,874	99.80%	97.20%	39.80%	6,549	60.20%	0.96	6.8	0.40%
2013-Nov	7,893	99.50%	94.70%	38.20%	4,879	61.80%	1.11	6.9	0.80%
2013-Dec	9,263	99.70%	95.20%	43.10%	5,274	56.90%	1.02	6.72	0.50%
<b>1st Quarter 2014</b>									
2014-Jan	10,719	99.60%	94.10%	42.40%	6,175	57.60%	1.11	6.76	0.60%
2014-Feb	8,156	99.50%	92.10%	40.40%	4,861	59.60%	0.92	6.71	0.80%
2014-Mar	9,335	99.40%	93.80%	42.60%	5,358	57.40%	0.88	6.62	1.00%
<b>2nd Quarter 2014</b>									
2014-Apr	9,391	99.40%	92.70%	40.30%	5,605	59.70%	1.02	7.03	1.00%
2014-May	9,196	99.70%	94.40%	40.90%	5,435	59.10%	0.91	7.06	0.50%
2014-Jun	8,363	99.50%	93.70%	38.50%	5,140	61.50%	0.91	7.1	0.80%

### R.3 Member Services Representative Procedures

*R.3 Describe the procedures a Member Services representative will follow to respond to the following situations:*

- *A member has received a bill for payment of covered services from a network provider or out-of-network provider;*
- *A member is unable to reach her PCP after normal business hours;*
- *A Member is having difficulty scheduling an appointment/finding a specialist.*
- *How do you explain to a member why a particular prescription is not covered?*

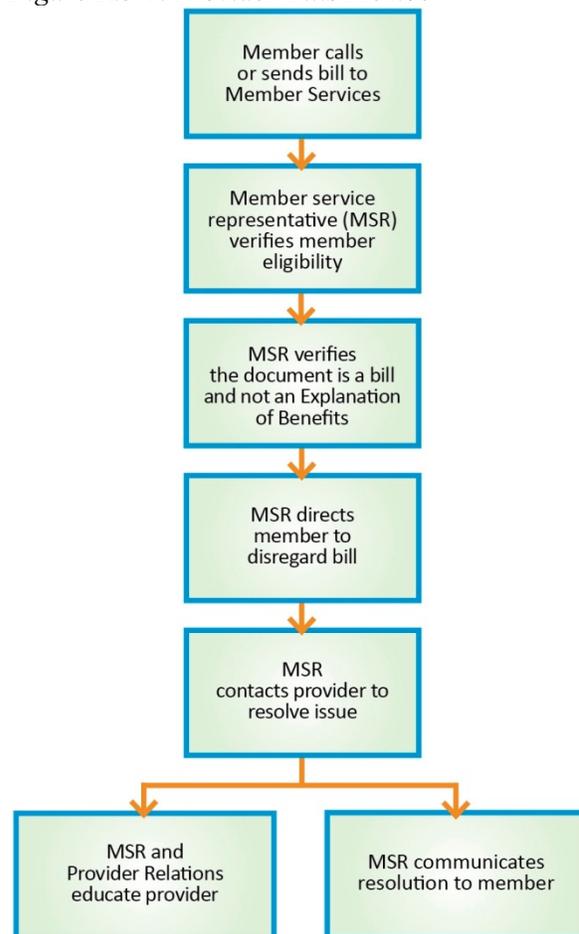
#### Responding to a Member Who Received a Bill for Payment of Covered Services from a Provider

Our member handbook instructs members who receive a bill for services from a network or out-of-network provider to call or send the bill to member services for assistance. If the member calls the member call center, the member service representative confirms the member’s identity in accordance with privacy regulations and verifies eligibility on the date(s) of service.

Next, the CSR instructs the caller to look at the document and verify that it is in fact a bill rather than an Explanation of Benefits and, if a bill, confirm there is a dollar amount due. If so, the CSR validates that the service is a covered benefit. If the service is a covered benefit, the CSR reassures the member that Amerigroup will resolve the matter and he or she is not legally bound to pay the bill.

The CSR then contacts the source of the bill, usually a provider’s office or an agency, to educate them about acceptable billing practices. If, after checking the system, the CSR confirms that Amerigroup has already received the claim and it is being processed, he or she will communicate the claim status and suggest that the provider check further status updates through our online tools or through the Voice Portal. If it appears that the provider has not yet submitted the claim to Amerigroup, the CSR will instruct the provider to send it for adjudication. Figure R.3-1 illustrates our process.

Figure R.3-1. Provider Bills Member



Amerigroup's provider relations representatives educate providers on acceptable billing practices and prohibitions and continuously monitor provider activity. We also review complaint data to identify specific providers with repeated member billing issues for targeted outreach and education.

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## Responding to a Member Who is Having Difficulty Scheduling an Appointment or Finding a Specialist

Prompt access to preventive care is vital to improving overall health care quality. In keeping with the DHH commitment to establishing a patient-centered medical home, Amerigroup will use the welcome call to verify a PCP assignment has been made and encourage all members to make an appointment with their PCP before care is needed for an illness or condition.

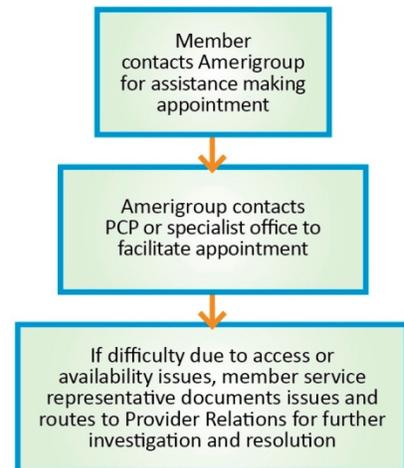
Amerigroup maintains and monitors appointment standards to promote the availability of preventive health services within six weeks of requests for adults and in accordance with the American Academy of Pediatrics periodicity schedule for children. Further, Amerigroup will comply with the requirements for coverage of preventative health services as reflected in the Patient Protection and Affordable Care Act.

As Figure R.3-3 illustrates, a member who is having difficulty scheduling an appointment for any reason is encouraged to contact the member call center, as directed by our member handbook. Our member service representatives work with each caller to identify and address the causes. If the member simply needs help making the appointment, the CSR will call the PCP office, with the member on the line, to facilitate scheduling an appointment.

Referrals are not required to see a participating specialty provider; members are allowed direct access. Therefore, if the member needs help making an appointment, CSRs work with the member to facilitate scheduling, while encouraging the member to coordinate these services with their PCP. CSRs also assist member in locating an appropriate specialist in their area that is accepting new patients.

If the difficulty lies in appointment access or availability, in addition to facilitating an appointment, the CSR documents the issues and electronically routes it to the Provider Relations team for investigation and resolution.

*Figure R.3-3. Member is Unable to Schedule Appointment with PCP or Specialist*



## Explaining to a Member Why a Particular Prescription Is Not Covered

There are various reasons why a pharmacy prescription may be denied. Some reasons include early refill, prior authorization required, service area limitations, and non-formulary prescriptions. In the section below, we describe how we respond to a member whose prescription is not covered due to formulary limitations.

As shown in Figure R.3-4, if a member has questions about a particular prescription that is not covered, the member service representative will first confirm that the medication is not on the preferred drug list (PDL) or over-the-counter (OTC) approved drug list. Once confirmed, the CSR explains to the caller that Amerigroup has a preferred drug list that includes both generic and brand name drugs that can be used by practitioners to identify drugs that offer the greatest overall value. The CSR refers the member back to his or her prescribing physician to discuss the options that would be most appropriate for the member. The CSR also reaches out to the prescribing physician’s office to inform him or her of the PDL that is available online, through the provider handbook, or via mail. If needed, a member of our National Pharmacy Department may also work with the provider to help identify alternative drugs that would be appropriate for the member and are included on the PDL.

Figure R.3-4. Prescription Is Not Covered

