



Flu Prevention and Treatment Saves Lives

Patients with certain chronic conditions, including asthma, diabetes and chronic heart disease, are at increased risk for illnesses and hospitalizations caused by seasonal flu. The Centers for Disease Control and Prevention (CDC) estimates more than 200,000 people are hospitalized from flu complications annually and between 3,000 and 49,000 die each year from flu-related causes.

A flu shot is still the best prevention

While CDC recommends everyone 6 months and older receive the vaccine, flu shots are especially important for your high-risk patients. Encourage them to be vaccinated as soon as possible. To support your proactive efforts to contact patients with flu shot reminders, [we're sending/ we sent] you a list of your high-risk panel members. Those at highest risk include:

- Children 6 months to 5 years old
- Adults 65 and older
- Women who are pregnant or expect to become pregnant
- Patients with certain chronic diseases

Adult members with Amerigroup pharmacy benefits can get a free flu shot. They just need to show their member ID at a participating pharmacy during flu shot clinic hours. Coverage for children's vaccines varies, so contact your local Provider Relations representative to learn more.

Antiviral drugs are an effective treatment

If patients do get sick, antiviral drugs not only lessen flu duration and symptoms, but also decrease the risk for flu-related complications. Antiviral drugs as well as many cough and cold products are on our formulary; restrictions apply. To review a list of formulary medications, visit providers.amerigroup.com > Quick Tools > Pharmacy Tools > Medicaid or Medicare Formularies.

Stay informed

Find the latest flu updates, health care recommendations and printable patient education materials on the CDC website at www.cdc.gov/flu.

Remember to protect yourself and your patients by getting your vaccine, too.



providers.amerigroup.com



HELPING
YOU...

Understand the cultural sensitivities of your patients

We offer a variety of language services to improve communications with our members, including a Member Services line accommodating over 170 languages and in-person interpretation services through case management. But we know diversity isn't limited to language. To better prepare you to meet the unique needs stemming from our members' various cultures, we created a Cultural Competency course to walk you through some situations you might encounter when caring for our multicultural population.

The role of cultural competency in quality care

According to the U.S. Census Bureau, more than 50 percent of children under age 1 as of July 2011 were nonwhite or Hispanic for the first time in history. In the Medicaid sector, however, the "minority majority" is not a new concept. As we serve more diverse populations, we need to anticipate how each member's culture will affect his or her receptiveness to care — willingness to seek help or apprehension towards treatments.

Home remedies and traditional treatments normal to one member's culture may interfere or interact dangerously with your prescribed regimens. Language barriers can lead to misdiagnosis or misuse of prescriptions. When learning as much as we can about the cultural variations among our members, we better prepare ourselves to improve health outcomes.

Get improved services through our automated phone system

You called for some improvements. We answered.

Thanks to your feedback, we're making significant changes to improve your experience with our automated phone system.

At the end of 2011, a number of you participated in a focus group about our automated phone system and gave us great information about how we can better serve your needs. We took your suggestions, researched best-in-class solutions and dug into our data to rebuild our phone system.

Providers from across the country helped us test out the new system. We received valuable feedback to confirm the progress we made met your expectations and additional recommendations to help us make the system even better. When you call 1-800-454-3730 in early 2013, you'll be able to quickly get the information you need with our enhanced system.

Our goal is to make your experience the best it can be. We always want to hear from you. Here are a few ways you can let us know what you think:

- Take our Annual Provider Satisfaction Survey
- Volunteer for a provider focus group in your area
- Contact your Provider Relations representative



Partnering With You Through Health Care Reform

What's next now that the Patient Protection and Affordable Care Act (PPACA) has been upheld by the Supreme Court? We are forging ahead, readying ourselves to swiftly and seamlessly implement required changes.

Our Office of Health Reform Integration (HRI) is dedicated to staying abreast of what this law will mean for us and you, our valued providers. Visit hcr.amerigroup.com to see the results of our research and state-by-state synopses of the Medicaid programs we serve. You can also find:

- Information about how PPACA will affect you
- 24-hour email response to your questions
- Frequently asked questions
- Latest news and updates in the Reform Spotlight
- Health care reform implementation timelines
- Key terms and acronyms
- Interactive health reform maps
- Videos and quotes from our experts discussing health care reform
- E-news alerts
- Our Twitter and Facebook links

"Our efforts stem from a common goal to achieve continuity of care and coverage for members, and we're working with our state partners to make that happen," says Claire Winiarek, director of Public Policy and Research within our HRI team.

PPACA aims to increase access to and affordability of care by putting the focus on preventive care and lower overall costs — right in line with our mission. As we learn more about the changes ahead, we'll keep you posted on what this law will mean for all of us.

What's not changing?

We'll continue to give you and our members the quality service you're used to, no matter what.

Still Growing...

2012 has been an incredible growth year for Amerigroup across the country. Our expansions into Louisiana, Washington, more areas in Texas and now Kansas as of January 1, 2013, mean more opportunities for us to work with skilled practices and providers like you. For example, we added over 12,000 providers to our network in Louisiana, and in Washington, we expect to establish 2,000 primary care locations, 7,000 specialty care locations and 40 hospitals in our network. This translates to more choices and ultimately better care opportunities for our members.

We're not just establishing and growing our company in these areas; we're adding to and improving the services we offer in 10 other states. Here's what's on our horizon:

- Statewide Long-Term Services and Supports (LTSS) in New Jersey
- Continued expansion of the Florida Long-Term Care Nursing Home Diversion Waiver program
- Autism support services in New York
- Pharmacy and dental benefits carve-ins for Louisiana
- Expansion of our patient-centered medical home programs in multiple states
- Enhanced quality improvement and incentive programs for providers across multiple states
- Relaunches of our member and provider websites with improved functionality

As we roll out more new business and services, we'll keep sharing the news with you.



P.O. Box 62509
Virginia Beach, VA 23466-2509

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Questions?

Medicaid providers call 1-800-454-3730
Medicare providers call 1-866-805-4589

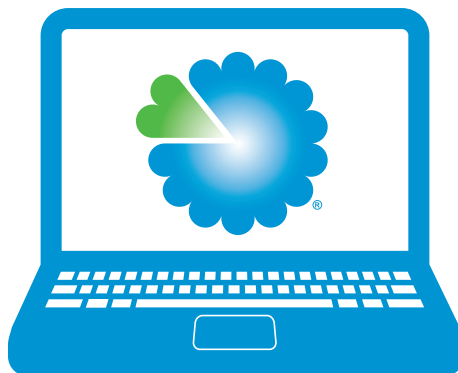
Do Business With Us on Your Schedule

Our Provider Self-Service site is your round-the-clock support system, ready whenever you need to:

- Check member eligibility and retrieve panel listings
- Submit claims or check status
- Verify precertification requirements and place requests
- View and print reference materials
- Update your information

To get started:

- Call Provider Services to retrieve your registration code
- Go to providers.amerigroup.com
- Select New User Registration Sign Up
- Create a secure password and enter your code



Physicians for Responsible Opioid Prescribing

published some myths and facts about Chronic Opioid Therapy (COT) for patients with chronic, noncancer pain. In the wake of increasing rates of addiction, overdoses and deaths due to opioid abuse, COT for noncancer pain is not recommended. Visit www.supportprop.org to read their report, Cautious Evidence-Based Opioid Prescribing.

The Department of Health and Human Services

recently confirmed October 1, 2014, as the official deadline for ICD-10 compliance. Are you prepared to make the transition? Stay informed by requesting updates from the Centers for Medicare & Medicaid Services at www.cms.gov or following them on Twitter @CMSGov.

Preferred Labs Offer Convenience for Providers and Members

Remember to refer Amerigroup members to in-network providers for laboratory services. No precertification is required for routine lab tests performed in the primary care provider's office or by one of our preferred outpatient clinical laboratory providers: LabCorp, Quest Diagnostics, and CPL. These labs are not only easy for our members to access, but also convenient for providers. You can take advantage of online test ordering and on-demand lab reports. Visit each lab's website for more information.

Our Preferred Outpatient Laboratories

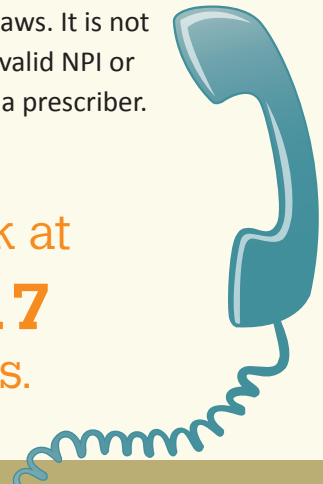
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|-------------------------------------|--|
| LabCorp | www.labcorp.com |
| Quest Diagnostics | www.questdiagnostics.com |
| Clinical Pathology Laboratory (CPL) | www.cpllabs.com |

National Provider Identifier Taxonomy Guidelines

Have you had a claim rejected with the message **Reject 25: <<Missing/Invalid Prescriber ID>>**? You may be billing with the wrong National Provider Identifier (NPI) and taxonomy, or the NPI has not been attested. Avoid this rejection by making sure to use a valid and active individual prescriber's NPI (e.g., not an organization's NPI, such as hospital or doctor's office).

All claims, including controlled substance prescriptions, require a valid and active NPI. Providers must maintain the Drug Enforcement Administration (DEA) number on the original hard copy for all controlled substance prescriptions in accordance with state and federal laws. It is not acceptable at any time to utilize an invalid NPI or DEA number that does not represent a prescriber.

Call the Caremark
Pharmacy Help Desk at
1-877-874-3317
if you have questions.



HEDIS Helps Us Help You!

HEDIS is a set of standardized performance measures reported to NCQA by managed care plans nationally.

The Texas Health and Human Services Commission (HHSC) sets performance targets for a predefined set of HEDIS measures that managed care plans report to HHSC on an annual basis. HHSC uses these performance measures and targets to compare the performance of its contracted managed health-care plans.

HEDIS measures are used to compare how well a health plan performs in areas related to quality of care, access to care, and member satisfaction. We use the HEDIS results to identify areas of strength and areas for improvement, measure results against our goals, and measure the effectiveness of actions we implemented to improve our results. Some of the performance measures we focus on are related to health issues such as immunizations, blood lead screening, diabetes, asthma, well-child visits, and adult access to care. With your help, we saw improvement in some of our 2010 scores, but we still have work to do!

We are constantly seeking opportunities for improvement.

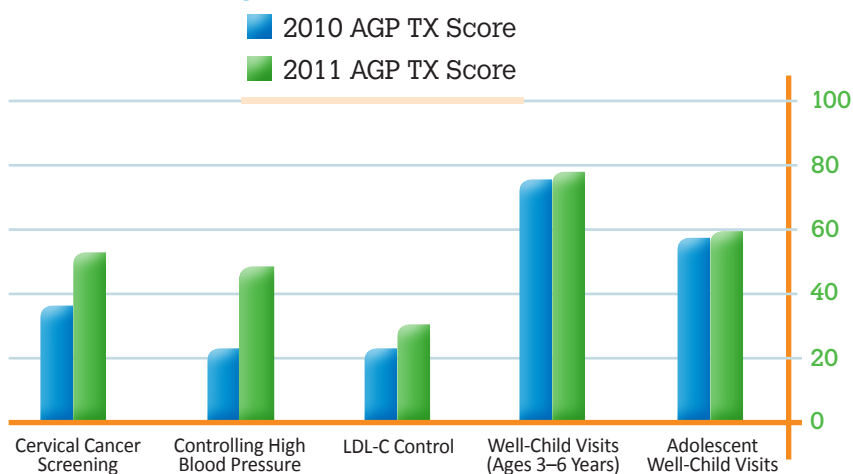
Current Amerigroup interventions include:

- Adding immunization schedules to postpartum packets and at health fairs and community activities
- Improving provider and member outreach efforts and education for those members due or past due for preventive care services

We thank those of you who participated in our past HEDIS projects and look forward to working with you as we begin our next review.

HEDIS Results

Amerigroup Texas HEDIS Report



This HEDIS report is provided as a service and reference for you and the rest of our provider network. HEDIS 2011 measures are calculated based upon 2010 performance data. We produce this report to monitor the quality of care our membership receives and to identify where opportunities exist as compared to our competitors. The graph above denotes the rate of our members who received services for the specific HEDIS measures listed.



Our Medicare Advantage Plans*

All plans include **prescription drug coverage** and **some supplemental benefits** not traditionally covered by original Medicare.

| | |
|----------------------------------|---|
| Amerivantage Specialty + Rx | Special Needs Plan for members with Medicaid and Medicare benefits |
| Amerivantage Classic Choice + Rx | Point-of-service plan with copays and limited out-of-network benefits |
| Amerivantage Classic + Rx | Copay plan |
| Amerivantage Balance + Rx | High deductible plan |

*Plans and benefits vary by state

NEW! Specialized Fax Numbers for Precertification Requests

- Home Health, Durable Medical Equipment, Therapies and Discharge Planning:
1-888-235-8468
- Concurrent Review Clinical Documentation:
1-888-700-2197
- Behavioral Health:
1-800-505-1193
- Initial Admission Notification and All Other Services:
1-800-964-3627

You can always request precertification at providers.amerigroup.com or by calling **1-866-805-4589**.

Amerivantage Plans for 2013

| STATE | COUNTIES | PLANS OFFERED |
|------------|--|---|
| FLORIDA | Broward, Palm Beach, Miami/Dade, Hillsborough, Orange, Pasco, Pinellas and Polk | Specialty + Rx and Classic + Rx |
| GEORGIA | Chatham and Fulton | Specialty + Rx and Classic + Rx |
| MARYLAND | Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery and Prince George's | Specialty + Rx |
| NEW JERSEY | Bergen, Burlington , Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset and Union | Specialty + Rx and Balance + Rx |
| NEW YORK | Bronx, Kings, Nassau, New York, Queens and Richmond | Specialty + Rx, Balance + Rx and Classic Choice + Rx |
| NEW MEXICO | Bernalillo, Chaves , Otero, Sandoval, Santa Fe, Socorro, Torrance and Valencia | Specialty + Rx and Classic + Rx |
| TENNESSEE | Davidson, Giles , Lawrence , Lewis , Marshall , Maury, Montgomery , Rutherford, Sumner , Williamson and Wilson | Specialty + Rx and Classic + Rx |
| TEXAS | Bexar, Brazoria, Denton, El Paso , Fort Bend, Harris, Hudspeth , Lubbock , Medina , Montgomery and Tarrant | Specialty + Rx and Classic + Rx |

New coverage areas for 2013 in blue

Our Special Needs Plan Model of Care

We know Special Needs Plan (SNP) members need lots of care to address their often severe and disabling conditions. You don't have to do it alone!

Our SNP Model of Care for dually eligible Medicaid and Medicare beneficiaries is truly a collaboration between you, the member and our staff, giving you the tools and resources to improve access to care, care coordination and transitions with medical and behavioral health and social services.

Key features:

- An interdisciplinary care team assigned to each member to review care plans, discuss specific cases, collaborate with their providers and give recommendations to best manage care
- Training for all providers, employees and contractors to ensure universal understanding of SNP members' complex conditions and care options

Get More Support

The Medicare Advantage Annual Enrollment Period is October 15–December 7, 2012.

Members can review our plans at myamerigroup.com/medicare. Our Medicare Dedicated Services Unit (DSU) takes questions from members and providers at 1-866-805-4589.

- Take our Model of Care provider training at providers.amerigroup.com → Office Support → Model of Care Training (Medicare)
- Call our DSU if you need more information about our SNP program or help coordinating care and tools to improve members' health.
- Call our Case Management team at 1-866-805-4589 to discuss a specific patient and get detailed answers to your questions.

- Care management staff that specializes in helping SNP members
- Assessments of the members' physical, behavioral, psychosocial and functional needs when they enroll and every year after
- Periodic Health Risk Assessments
- Review of Clinical Practice Guidelines and current standards of care
- Analysis and reporting of results to help you improve performance and health outcomes

The Graying of America: **Caring for Older Adults**



It's probably no surprise to you the older adult population in the United States is growing each year. By 2030 the U.S. Census Bureau estimates nearly one in every five Americans will be age 65 or older. This marked increase in aging patients, many with multiple chronic conditions, will require

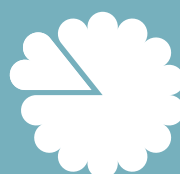
Medicare providers to combine health education and proactive wellness care to protect patients' independence and standards of daily living.

The National Committee for Quality Assurance (NCQA) recommends the following guidelines to help identify health problems common to older adults:

- Help the patient understand how his or her medication regimen can control symptoms and prevent adverse health outcomes. Conduct a medication review to

go over any prescription and nonprescription drugs, vitamins, herbal remedies, and other supplements.

- Discuss troubles the patient may have getting around in his or her daily life. Perform a functional status assessment at least once a year to see how well the patient can perform the activities of daily living such as dressing, eating and bathing.
- Ask if the patient is feeling any pain and conduct a pain screening at least once a year. Older adults are prone to chronic painful conditions. For those with chronic pain, create a pain management plan.



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