Quality commitment

You can be confident our plan is approved by the experts. We’re accredited by the National Committee for Quality Assurance (NCQA), which means they’ve said we provide access to high quality health care.

Every year we look at how we’re doing and try to find ways to do it better. This is called Quality Improvement (QI).

<table>
<thead>
<tr>
<th>Some of our QI program goals are:</th>
<th>How we’re working to meet them:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To make sure you get the care you need right when you need it</td>
<td>We have nurses and doctors available 24/7 over the phone to give you medical advice and help you find urgent or emergency care nearby. (To get these services, call 1-866-864-2544.)</td>
</tr>
</tbody>
</table>
| To make it easier for you to get care close to home | ■ We have over 15,000 doctors, dentists, clinics, hospitals, waiver providers and pharmacies across Kansas.  
■ And we’re growing — we’re always looking for new, local programs that help you get the services and support you need. |
| To improve the quality of care and services you get | We look at reports about our quality results to find new ways to help you get better care. |
| To help you learn about health and wellness and how to best use your benefits | ■ We host learning events to answer your questions and help you get more from your health plan.  
■ We also help our pregnant members and new moms learn about pregnancy and newborn care. |
| To keep your information private and secure | We follow state and federal guidelines, including the Health Insurance Portability and Accountability Act (HIPAA). |
| To improve customer service and member satisfaction | We regularly meet with our members to get feedback right from the source. |
Our scores

To measure how we’re doing, we use tools from professional organizations, like the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. See the tables below for some of our scores and how they changed from 2015 to 2016.

### CAHPS health plan ratings for 2016

<table>
<thead>
<tr>
<th>Adults</th>
<th>Children’s Medicaid</th>
<th>Children’s Medicaid — Children with special health care needs</th>
<th>CHIP</th>
<th>CHIP — Children with special health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75%</td>
<td>85%</td>
<td>83%</td>
<td>88%</td>
</tr>
</tbody>
</table>

### CAHPS score changes from 2015-2016

<table>
<thead>
<tr>
<th>Adults</th>
<th>Children’s Medicaid</th>
<th>Children’s Medicaid members with special health care needs</th>
<th>CHIP</th>
<th>CHIP members with special health care needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health plan rating</td>
<td>4%↑</td>
<td>3%↓</td>
<td>1%↓</td>
<td>1%↑</td>
</tr>
<tr>
<td>Rating of health care</td>
<td>1%↑</td>
<td>1%↓</td>
<td>2%↓</td>
<td>4%↑</td>
</tr>
<tr>
<td>Doctors explained things more</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Doctors showed more respect</td>
<td>2%↑</td>
<td>3%↑</td>
<td>1%↑</td>
<td>2%↓</td>
</tr>
<tr>
<td>Customer service</td>
<td>1%↑</td>
<td>1%↓</td>
<td>2%↓</td>
<td>2%↓</td>
</tr>
</tbody>
</table>

Have questions about our Quality Improvement program, goals or CAHPS scores?

Call Member Services toll free at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Central time.
Benefits that keep you in mind

We know everyone’s health is different. So we have programs and services that fit you and your loved ones.

**Disease Management Centralized Care Unit (DMCCU)**

Our Disease Management program can help you manage certain ongoing health conditions, like:
- Asthma*
- Bipolar disorder
- Chronic obstructive pulmonary disease (COPD)*
- Congestive heart failure*
- Coronary artery disease*
- Depression*
- Diabetes*
- HIV and AIDS*
- Hypertension
- Obesity
- Schizophrenia*
- Substantive use disorder

*These programs are NCQA accredited.

**Care plans to fit your life**

We know being healthy is about more than getting high quality health care. It’s about using your benefits in a way that works for you — from doctor care to support at home and in your local area. It’s about having a team who knows your history and a plan that’s individualized with your goals in mind.

We have service coordination and case management for members with certain long-term needs.

**Your service coordinator or case manager will:**

- Get to know you and your family
- Help you learn about your health conditions and how to care for them
- Make a plan of care to help you live life to the fullest
- Communicate with you and your care team — your doctors, caregivers, family and other supporters
- Support you with things like:
  - Getting referrals and preapprovals
  - Scheduling appointments
  - Helping you get the help you need close to home
  - Making sure all your doctors work together

**You may qualify for service coordination if you have waiver benefits or need long-term services and supports.**

Case management is for certain members with complex health and wellness needs. We may call you about this program if you need help with:
- Serious physical disabilities
- Mental health conditions

If you think you need service coordination or case management, call Member Services toll free at 1-800-600-4441 (TTY 711).

If you’re already working with a service coordinator or case manager and you’re not happy with him or her, please call 1-877-434-7579, ext. 50103. We can help you switch to a new one.
Great health care starts with your primary care provider

Your primary care provider (PCP):
- Gives you all the basic health services you need
- Refers you to other doctors or hospitals when you need special medical services
- Can be any doctor in our plan

How to choose your PCP
You can find and choose a PCP online or by phone.
- To find a PCP online, use the Find a Doctor tool on our website at www.myamerigroup.com/KS. (You can search by name, specialty and location.)
- To change your PCP online, log into your secure account on our website and go to Change PCP.
- To find and choose a PCP by phone, call Member Services at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Central time.

Is your teen too old to see his or her pediatrician?
We can help find a new PCP for adults.

If you’re not happy with your PCP, you can choose a new one at any time*

*Unless you’re in the Lock-In program
How you use your benefits and how we pay for them

Sometimes we change the way we pay for certain care and services. This is called Utilization Management (UM).

Our UM program:
- Identifies what, when and how much of our services are medically needed
- Helps ensure the best possible health results for you as our member

Our UM program does not:
- Stop certain people or groups from getting services
- Tell our providers to withhold or give you fewer services
- Reward providers for limiting or denying services
- Hire, promote or fire providers or staff based on how they approve or deny services

Our UM process follows National Committee for Quality Assurance (NCQA) standards. Our doctors use clinical practice guidelines for common conditions and preventive care. Clinical practice guidelines come from medical experts in their field. To get a copy of these guidelines, call Member Services.

If you have questions about Utilization Management, a member of our UM team can speak with you. Our UM team will identify themselves by name, title and organization when taking calls. To reach them, call Member Services toll free at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Central time. If you call after hours, you can leave a message and we’ll call you back. For members who don’t speak English, we offer free oral interpretation services for all languages.
Tools that help you manage all the moving pieces

We know health care can be overwhelming. So here’s a list of tools that can help you keep track:

**Member handbook**

Your member handbook can help you learn about your benefits, services and much more. We sent you a handbook when you first joined. To view the most up-to-date version, visit our website at [www.myamerigroup.com/KS](http://www.myamerigroup.com/KS).

If you prefer a printed copy, we can mail you one. Call Member Services at **1-800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 5 p.m. Central time.

**Preferred drug list (PDL)**

Your doctor and you should use the PDL to choose prescription medicines that are preferred by your health plan. You have no copays for prescription drugs on the PDL. But some of them may need preapproval from us before you can get them.

You can view the PDL online at [www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf](http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf). It’s updated on the first of each month.

**Member rights and responsibilities**

Your rights and responsibilities list everything you can expect from us and everything we expect from you as our member. You can find them in the member handbook.