An Indiana-Based Health Plan

MHS Overview:

• Serving Hoosier Healthwise Since Inception (1995) and Healthy Indiana Plan Since 2011

• 190 Hoosier employees

• Over 202,000 Members Across all 92 Counties

• 1,300 Primary Care Physicians, 8,300 Specialist and 118 Hospitals Contracted

• Full NCQA Plan Commendable Accreditation Received in 2010
Center Overview

History and Scope of Centene

- Established in 1984 in Milwaukee, WI
- Headquartered in St. Louis, MO
- Fortune 500 company
- Employs approximately 6,800 individuals
- Serves ~2.6 million Medicaid members across the country
- Currently operates health plans in 19 states (including NH and CA)
- Contracts with over 130,000 physicians and 1,300 hospitals
# Healthcare Coverage Solutions

## Government Solutions

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## Specialty Health Solutions

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1 CA and NH health plan implementation in-process
Why Managed Care?

- Provides a medical home
- Promotes preventive care
- Provides access to comprehensive medical benefits and “value-added” services
- Improves access to providers
- Provides for coordination of care
- Encourages appropriate utilization of services
- Provides budget certainty and savings to the State
Visible Clinical Presence - “Boots on the Ground”

• Bring Coordination of Care to the Members and Providers
  — Face-to-Face interactions (e.g. in OH, 1% of members have in-person clinical touch each quarter)
  — Field Teams and Co-located Teams in provider sites
  — Case Manager, Program Specialist, MemberConnections representatives

• Care Management Teams
  — Identify and engage high-risk and non-compliant members
  — Identify barriers to compliance with treatment plans and goals
  — Facilitate communication across medical and behavioral health specialties
  — Coordinate services, including transportation and referrals
Clinical Model

Visible Clinical Presence - “Boots on the Ground”

• Intensive Case Management program
• Onsite discharge planning at high-volume facilities
• Commitment to sharing information across systems (e.g. tools for providers and members)
• Integrated case management rounds – working together across delivery systems
• Comprehensive Disease Management programs, including:
  – Depression
  – ADHD
  – Autism/pervasive developmental disorder
Clinical Model (cont’d)

Intensive Member Outreach - “Boots on the Ground”

• MemberConnections Representatives - hired from local community, know the area, know the membership

  — Explain benefits, provide health education, including how to access care (ex. appropriate Emergency Room utilization)

  — Community events and partnerships with local community agencies, churches and high volume provider offices to promote healthy living and preventive care

  — Able to change Members’ beliefs and behaviors because they are hired from within the community
Case Study: OHIO ABD PROGRAM

- 2007: Managed Care Program Begins (does not include those in institutions, dually eligible, waiver, and spend down)
- Buckeye/Centene serves 17,500 ABD Members
- Care Management – 1% of “high risk, frail” are in high risk care management (in-person quarterly visit)
- 33% of all high risk members are in traditional case management
- Demonstrated improvement in Key HEDIS measures
  - Follow-up After Hospitalization for Mental Illness – 7 Days