Iowa Total Care Overview

Better Health Outcomes, Lower Costs.

Iowa HFMA Winter Meeting
January 18, 2019
Centene Overview

WHO WE ARE

St. Louis
based company founded in Milwaukee in 1984

45,400 employees

#61
Fortune 500

#43
on Forbes’ Global 2000: Growth Champions List

#210
Fortune Global 500

#19
on Fortune’s Change the World List

$48.4B
revenue for 2017

$59.2 - 60.3B
expected revenue for 2018

$14.3 billion
in cash and investments

WHAT WE DO

31 states
with government sponsored healthcare programs

Medicaid
(25 states)

Marketplace
(20 States)

Medicare
(21 States)

Correctional
(16 States)

2 international markets

14.4 million members
includes 2.9 million TRICARE eligibles

~300 Product / Market Solutions
LOCAL APPROACH & JOB CREATION
Centene’s core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our care coordination model utilizes integrated programs that can only be delivered effectively by a local staff, resulting in meaningful job creation within the communities we serve.

CARE COORDINATION
Our proprietary care management programs promote a medical home for each member and enable Centene to partner with its trusted providers to ensure members receive the right care, in the right place, at the right time.

HEALTHCARE COMPLIANCE
State and Healthcare Effectiveness Data and Information Set (HEDIS) reporting constitutes the core of the information base that drives our clinical quality performance efforts. This reporting is monitored by Plan Quality Improvement Committees and our corporate medical management team.

CULTURAL SENSITIVITY
We successfully coordinate care for our diverse membership by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.
Footprint & Membership

MD is a non-risk Managed Service Organization (MSO) contract
- NM Centennial Care Medicaid managed care operations expected to commence January 1, 2019.
- IA Health Link operations expected to commence July 1, 2019
- Fidelis Care (NY) acquisition closed July 1, 2018

Current Membership

<table>
<thead>
<tr>
<th>Category</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Medicaid</td>
<td>8,680,600</td>
</tr>
<tr>
<td>TANF, CHIP, Foster Care</td>
<td>7,260,500</td>
</tr>
<tr>
<td>ABD &amp; LTSS</td>
<td>964,200</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>455,900</td>
</tr>
<tr>
<td>TRICARE</td>
<td>2,858,900</td>
</tr>
<tr>
<td>Commercial</td>
<td>2,062,500</td>
</tr>
<tr>
<td>Medicare &amp; Duals</td>
<td>417,400</td>
</tr>
<tr>
<td>Correctional</td>
<td>150,900</td>
</tr>
<tr>
<td>MSO Contracts</td>
<td>219,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,389,300</strong></td>
</tr>
</tbody>
</table>
BRINGING EXPERIENCE TO NEW MARKETS

1. Acquisition closed July 1, 2018
2. Operations anticipated to commence January 1, 2019
3. Operations expected to commence July 1, 2019

Medicaid Leadership
Portfolio Integration

Total Solution Integration

- Physical Health
- Behavioral Health
- Pharmacy Services
- Ancillary Services
Our Goals

Link members to the medical home best able to serve them

Provide Local Infrastructure:
- Case Management
- Connections Representatives
- Disease Management
- Call Center
- Member Services
- Provider Relations
- Provider Services
- Provider Contracting

Ensure Medicaid recipients get the care they need in the most appropriate setting
- Increase primary care visits and reduce unnecessary Emergency Room visits

Significantly increase EPSDT screenings, prenatal/postpartum care and HEDIS rates, and improve quality of life for individuals with disabilities by...
- Identifying and facilitating treatment for secondary conditions
- Coordinating care to reduce duplication and waste
- Reducing socio-economic barriers to care
- Implementing physician driven strategies that support a medical home
Provider Contracting Continuum

TIGHTER PARTNERSHIP WITH PROVIDERS

- Pay for Performance
- Upside Gain Sharing
- Episode/Partial Downside Risk Sharing
- Total Partnership for Cost of Care Payment
Clinical Model

VISIBLE CLINICAL PRESENCE — “BOOTS ON THE GROUND”

Bring coordination of care to the members and providers
• Face-to-face interactions
• Field teams and provider site co-location
• 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

Onsite discharge planning at high-volume facilities

MemberConnections Representatives
• Explain benefits, provide health education, including how to access care (e.g. appropriate Emergency Room utilization)
• Community events and partnerships with local organizations, 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 the community

Hired from Local Community, Know the Area, Know the Membership
Support expansion of integrated BH in primary care setting

- Partnerships between PCPs/FQHCs with BH organizations
- Psychiatric e-consult
- Telehealth
- Train PCPs on screening tools used to identify substance use

Provide evidence-based training to PCPs & LTSS providers

- Mental Health First Aid
- Trauma Informed Care
- BH Screening and Treatment Options within Primary Care

Iowa Total Care System of Care Framework

- System of Care Linkages
- Data/transparency
- Streamlined Operations
- Education/Training
- Practice Transformation/Technical Assistance

- Value-based Contracting
- Robust Network and Choice
- Health Education
- Self-sufficiency Promotion
- Integrated Care Management

TRUSTED PARTNERSHIPS

- PROVIDERS
- MEMBERS
- STATE
- COMMUNITY

TRANSFORMATION TOOLS

- Behavioral Health Services
- Medical Care
- Agency, & Social Services
- LTSS/HCBS
- Family & Community
- Community-Anchored
- Culturally Competent
- Whole-Person Health
- Self-Determined
IT Integration

CENTELLIENCE™

Proprietary Enterprise Data Warehouse

- Centelligence Business Analytics
- Advanced Case Management System
- CRM & Member Portal
- IVR, Provider Portal & Health Record
- Provider Profiles
- Predictive Modeling HEDIS Outcomes
By owning our own specialty companies, we are able to make healthcare simpler, more effective and more accessible for everyone.

**Pharmacy Solutions**
- Drug Benefit Management
- Acaria Specialty Drug Solutions
- Online Drug Management Tools
- Analytics and Clinical Consulting
- Home Deliver Services

**Wellness Solutions**
- Digital Health
- Behavioral Health
- Health and Life Coaching
- Nurse Advice Line
- Care Gap Closure Services
- Foster Care Management

**Benefit Options**
- Vision Benefits
- Dental Benefits
Innovative Programs to Improve Member Care

- **Connections Plus®**
  - Part of our MemberConnections program that provides free cell phones to high-risk members who do not have safe, reliable access to a telephone
  - Provides 24-hour access to physicians, case managers, health plan personnel, telehealth services and 911

- **CentAccount®**
  - A healthy rewards account program
  - Innovative approach to encourage healthy behaviors through financial incentives

- **Start Smart for Your Baby®**
  - Prenatal and Postpartum program that promotes education and communication with case managers and incorporates care management to extend the gestational period and reduce pregnancy-related risks

**OUTCOME:**

Significantly higher HEDIS rates for adult access to care and various cancer screenings, compared to the overall population.

**OUTCOME:**

Adult members who earned the annual well visit reward were 34% less likely to visit the ER, translating into a savings of $2.04 PMPM in ER costs (MHS Indiana)

**OUTCOME:**

A significant reduction in pre-term, low birth-weight babies, resulting in savings of over $14.5 million in 2015
Next Steps

- Complete the provider network build
  - Target date for network adequacy is March 1\textsuperscript{st}
  - Target date for credentialing submission is March 29\textsuperscript{th}

- Conduct Provider trainings
  - Participate in IME annual training sessions week of May 20\textsuperscript{th}
  - Other regional sessions TBD

- Go-Live July 1\textsuperscript{st} 2019
Questions