



ICCMHC Spring Meeting

May 9, 2013



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

Centene 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



Centene Solutions

HEALTHCARE COVERAGE SOLUTIONS

<i>Government Solutions</i>	AR	AZ	CA	FL	GA	IL	IN	KS	KY	LA	MA	MO	MS	NH	OH	SC	TX	WA	WI
TANF		•	•	•	•		•	•	•	•		•	•	•	•	•	•	•	•
CHIP		•	•	•	•		•	•	•	•		•		•	•	•	•	•	•
ABD (non duals)		•	•	•		•		•	•	•			•	•	•	•	•	•	•
ABD (dual-eligible)		•	•	•		•		•	•					•	•		•		•
Intellectually/Developmentally Disabled						•		•						•					
Long-Term Care		•		•		•		•						•			•		
Foster Care								•	•	•		•	•	•			•		
Medicare Special Needs Plan		•			•										•		•	•	•
Hybrid	•						•				•						•	•	
Correctional Healthcare											•								
<i>Specialty Health Solutions</i>																			
Pharmacy Benefits		•	•	•	•	•		•	•	•	•		•	•	•	•	•	•	•
Behavioral & Specialty Therapies		•		•	•	•	•	•	•		•	•	•	•	•	•	•	•	•
Life & Health Management		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Managed Vision		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Telehealth		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

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

Clinical Model

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