Agenda

1. Background
2. Program Design
3. Results
4. Next Steps
Centene Overview

**WHO WE ARE**

St. Louis based company founded in Milwaukee in 1984

31,500 employees

#66 on the Fortune 500 list

#244 on the Fortune Global list

$46 - 46.8 billion expected revenue for 2017

**WHAT WE DO**

28 states with government sponsored healthcare programs & implementations

- Medicaid (23 states)
- Exchanges (13 States)
- Medicare (12 States)
- Correctional (8 States)

2 international markets

12.2 million members

260+ Product / Market Solutions
Centene’s Purpose

Transforming the health of the community one person at a time

**OUR MISSION**
Better health outcomes at lower costs

**OUR BRAND PILLARS**
Focus on individuals + Active Local Involvement + Whole Health

**OUR BELIEFS**

- We believe in treating the whole person, not just the physical body.
- We believe treating people with kindness, respect and dignity empowers healthy decisions.
- We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well.
- We believe local partnerships enables meaningful, accessible healthcare.
- We believe healthier individuals create more vibrant families and communities.
Medicare Medicaid Plans
(Dual Demonstrations)

6 States
47,000 Members
Buckeye Health Plan

- Buckeye Health Plan (Buckeye) is a state-licensed managed care organization
- Began serving Ohio Medicaid Members in January 2004
- Currently serving 300,000+ members statewide:
  - Medicaid (ODM)
  - MyCare Ohio Duals Demonstration (ODM/CMS)
  - Medicare Advantage SNP (CMS)
  - Health Insurance Marketplace/Exchange (ODI/CMS)
What is Palliative Care?

• Palliative care, or palliation, is specialized medical care for people living with serious illness

• Appropriate for people of any age, at any stage of a disease, and can include patients receiving curative treatment

• Goal: improve quality of life

• Focus on relief from symptoms and stress
Symptom Relief Includes

• Side effects of current treatments
• Pain or discomfort
• Shortness of Breath
• Nausea
• Anxiety
• Depression
• Loss of Appetite
• Constipation
Palliative Care and Hospice

Hospice
- Terminal illness
- Not receiving curative treatment

Palliative Care
- All disease stages
- Curative treatment continues
Who Benefits from Palliative Care

- Palliative care focuses on the member
- It also supports others providing care to the member including caregivers and personal care attendants

Members with the following conditions are typically good candidates for participation:
MMP and ABD-Focused Initiative

We focused on members with the greatest need for these services:

• **Serious Illness:** 72% of dually eligible beneficiaries have 3 or more chronic conditions (37% have 5+)

• **High Utilization:** dually eligible beneficiaries use more medical services than other people on Medicare:
  • 21% had 1+ ER Visit / year (vs. 13% non-dual)
  • 26% had 1+ IP Hospitalization / year (vs. 16% non-dual)

Source: KFF.org
Picking the Right Setting for Care

**Home**
- Accessible, personal, builds strong relationships
- High cost

**Facility**
- Lower cost, access to other services
- Barriers to access

**Telephonic**
- Lowest cost, rural coverage
- Less personal
Program Design
Member Identification Algorithm

- Identifies potential program candidates using multiple inputs:
  - Claims
  - Care management assessments
  - Mortality predictive analytics

- Highly accurate

- Enables care managers to better identify and contact potential recipients of palliation

- Runs bi-weekly

Members Identified by Algorithm:

- Appropriate 80%
- Not Appropriate 20%
Assessments

• Conducted during 1\textsuperscript{st} and 6\textsuperscript{th} visit

• Creates a baseline for the palliative care provider

• Measures program impact on a number of elements including:
  • Care goal discussions (PCP, caregiver)
  • Achieving care goals
  • Advanced care planning
Program Branding

Our program is called *Compassionate Connections®* both internally and externally.

Why brand the program?

- De-emphasizes palliative care, which many members associate with hospice.
- Lends credibility to program (many members feel it is too good to be true).
- Streamlines the handoff between the care managers and palliative care provider.
Care Manager Training and Responsibilities

- Assess members for program fit
- Member outreach
- Refer to palliative provider
- PCP Notification
- Ongoing coordination with palliative care provider

-- Continue to Serve as Member’s Care Manager --
Palliative Care Provider

- Assist with care manager training
- Work within Centene care management system:
  - Process referrals
  - Review care plan
  - Submit assessments
  - Document visit notes
- Frequent coordination with care managers
- Participate on ICT
Program Results
Impact on Utilization

We are observing meaningful results when comparing the three months prior to palliation with the three months after palliation begins:

- **ER Spend**
  - Bar chart showing ER Spend PMPM for 90 Days Prior and 90 Days Post.
  - Y-axis: $0 to $300
  - X-axis: ER Spend PMPM
  - Colors: 90 Days Prior (black), 90 Days Post (blue)

- **Change in Overall Spend**
  - Bar chart showing Overall Change PMPM for Participants and Control Group.
  - Y-axis: -800 to 400
  - X-axis: Overall Change PMPM
  - Colors: Participants (black), Control Group (blue)
### Member Experience

<table>
<thead>
<tr>
<th>Question</th>
<th>Initial Visit</th>
<th>After 6 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you completed advanced directives?</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Have you discussed care goals with your physician and/or caregiver?</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td>Did the program help you identify and work towards your care goals?</td>
<td>-</td>
<td>89%</td>
</tr>
<tr>
<td>Would you recommend Compassionate Connections to others?</td>
<td>-</td>
<td>90%</td>
</tr>
</tbody>
</table>
2017 Pinnacle Award Recipient
Continuing Improvement – Next Steps
Continuing Improvement

• Streamline member identification
• Increase appropriate referrals into program
• Build on early success of phone-based interactions
Next Steps

• Continue to monitor and grow the program
  • In OH
  • Evaluating new markets

• Use program findings to build a shared savings model with providers
Questions?