

# Engaging Consumers in their Care – Experiences from Care Coordination and Beyond



Health Insurance [Marketplace](#) [HealthCare.gov](#)

# Member Engagement



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Senior Vice President  
Centene Commercial Solutions

***October 5, 2016***



Health Insurance **Marketplace** **HealthCare.gov**

# Centene at-a-glance

## WHO WE ARE



### St. Louis

based company founded in Milwaukee in 1984

28,900 employees

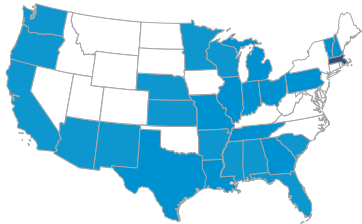
#124  
on the  
Fortune 500 list

#4  
Fortune's Fastest  
Growing Companies (2015)

\$39.4 - \$40.0 billion  
expected revenue for 2016

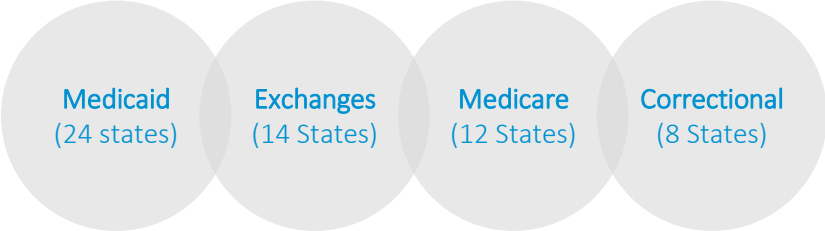
\$7.5 billion in cash and investments

## WHAT WE DO



### 28 states

with government sponsored healthcare programs



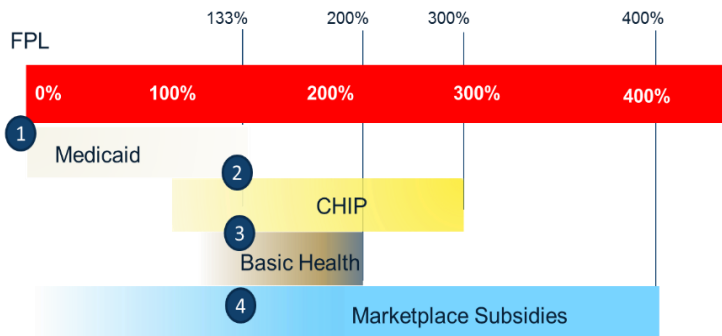
2 international markets

11.4 million members  
includes 2.8 million TRICARE eligibles

~290 Product / Market Solutions

# Marketplace Footprint

- Providing coverage to the previously **uninsured and underserved** populations
- Specific focus on **lower income, subsidized members** under 400% of the Federal Poverty Level
- Committed to collaborating with CMS and state regulators to deliver **affordable access to quality care** through Marketplace
- **Disciplined approach to pricing** to ensure sustainable position



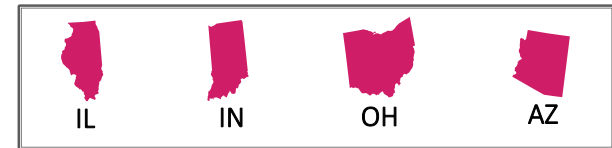
State based  
Marketplaces,  
Medicaid Expansion



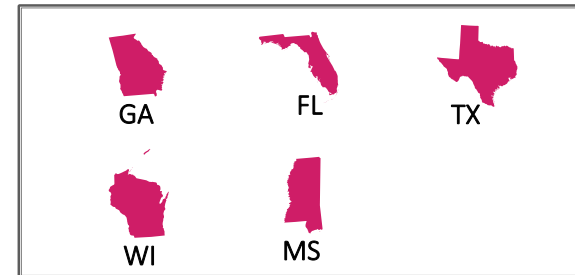
Medicaid Expansion  
via Marketplaces



Medicaid  
Expansion, FFM



Non-Medicaid  
Expansion, FFM



State based,  
Active Purchaser,  
Medicaid Expansion



# Brand Pillars

## Local

- We live and work in the **same communities**.
- We **partner with local health care providers and community organizations** to provide access to care for our members.

## Helpful

- We offer **valued guidance and assistance** to make health insurance accessible.
- We **remove barriers** to make it simple to get well, stay well, and be well.

## Affordable

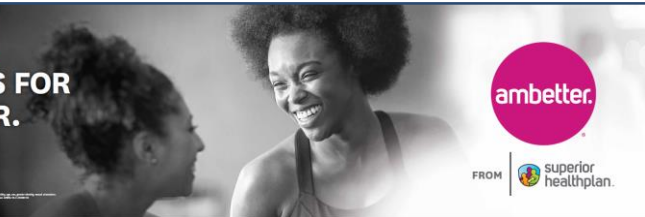
- We offer **affordable and reliable** health care insurance coverage.
- We provide **well-rounded services and choices** to help our members achieve their best health.

### BETTER IS:

**HEALTH PLANS FOR THE NEW YEAR.**

Get covered now.

[AmbetterTX.com](http://AmbetterTX.com)



### MEJOR SIGNIFICA:

**PLANES DE SALUD PARA EL AÑO NUEVO.**

Obtenga cobertura ahora.

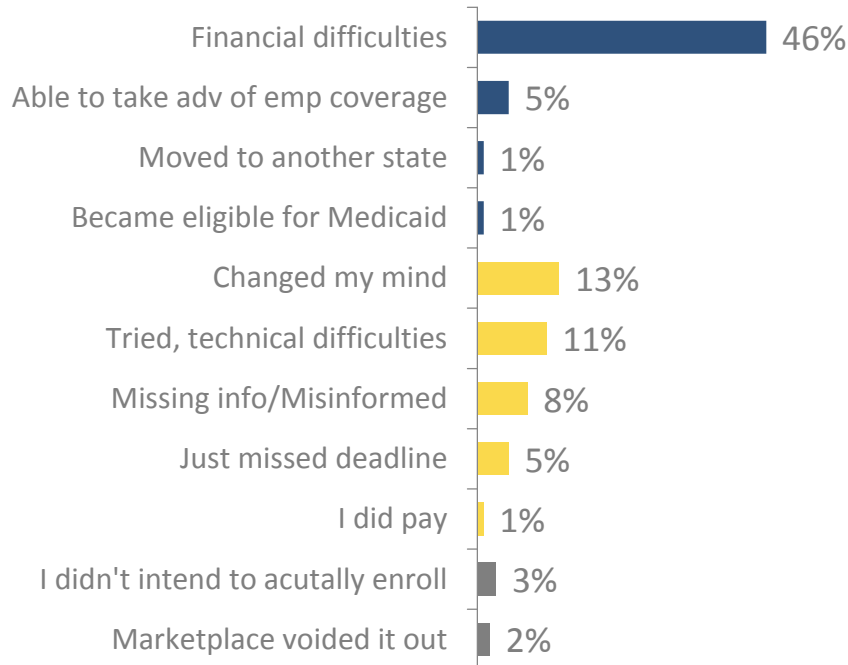
[AmbetterTX.com](http://AmbetterTX.com)



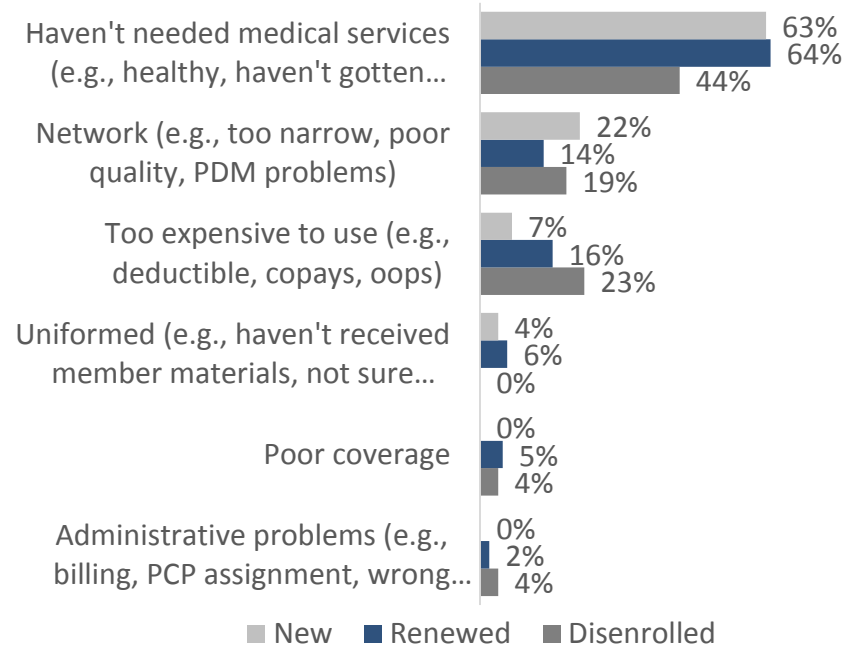


# Taking a Pulse...

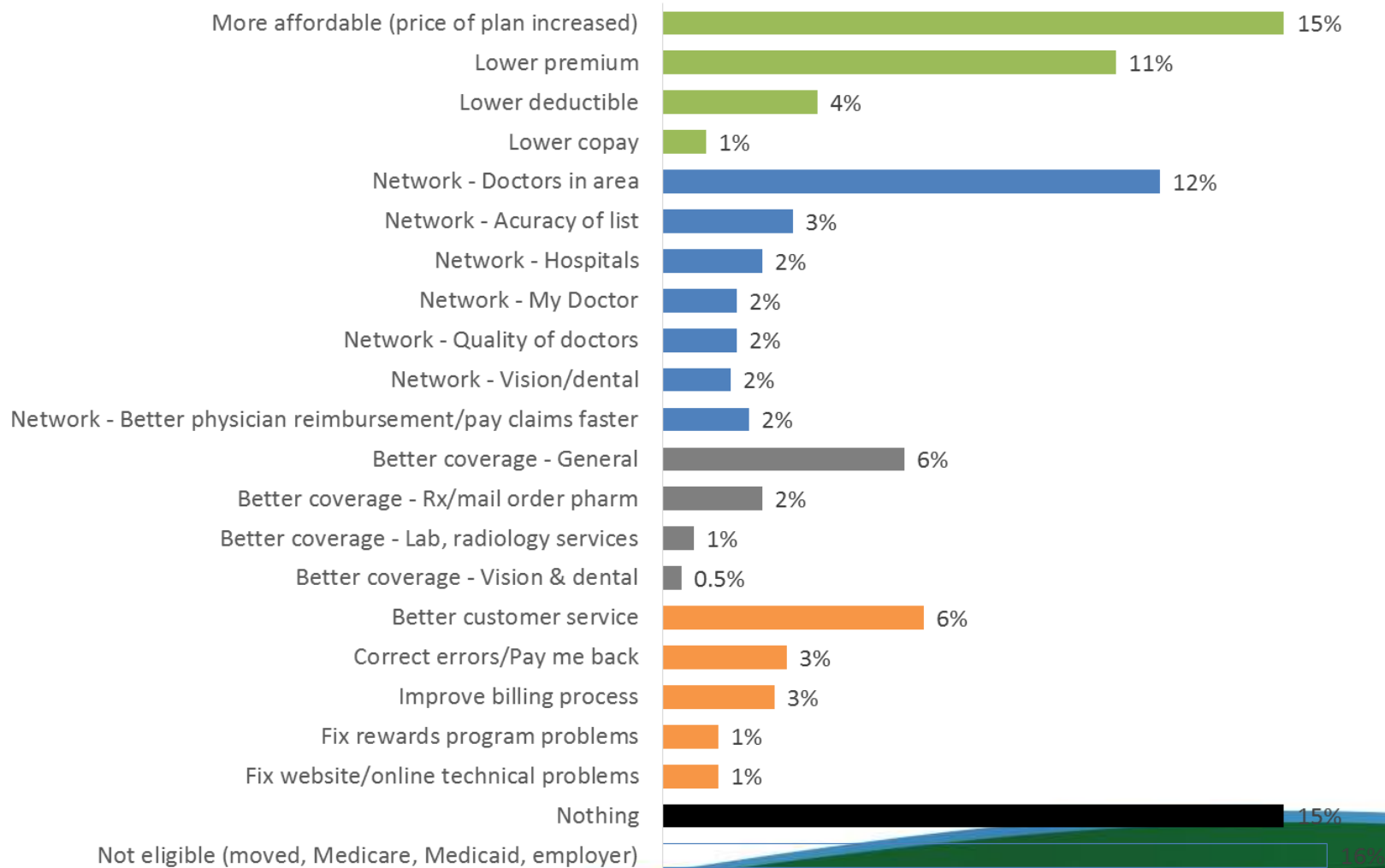
## Reason for Not making a Binder Payment



## Reasons for Non-use Base: Those who haven't/didn't use at all

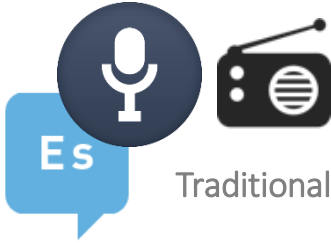


## What can Ambetter do to Earn Back Your Business?





# Integrated External Presence



Traditional Media



**BETTER IS:**  
GETTING COMPLETE  
COVERAGE RIGHT NOW.

Enroll by  
December 15  
for January 1  
coverage!



Local Advertising



Community Events



ambetter.



Digital Media



Social Media



ambetter. QUALITY HEALTHCARE. NO COST.  
See if you qualify. Text AR to 36453



Owned Media

# Education: Quick Guide Cards

- ## Quick Guide Cards
- Insurance jargon simplified!
  - Subsidy education
  - Buying a plan on the Health Insurance Marketplace
  - Essential Health Benefits
  - Important Enrollment Dates
  - Importance of making timely payments

### See how much you can save.

When you sign up for an Ambetter plan, you may qualify for a subsidy on your Health Insurance Marketplace. A subsidy is the amount of money the government pays for you to help pay your premium.

In order to qualify for a subsidy, you must make between 100% and 400% of the Federal Poverty Level\*.

**100% Federal Poverty Level**

\*The Federal Poverty Level range, as it pertains to subsidy eligibility, may change state to state you live in.

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### Here's a timeline of important dates

- November 1, 2015**  
Open Enrollment begins and the Health Insurance Marketplace opens.
- January 1, 2016**  
Your Ambetter coverage starts (if you have enrolled and paid your first month's premium).
- January 31, 2016**  
Open Enrollment ends. Almost everyone who enrolls in a health insurance plan must pay their first month's premium by this date.  
\*Except some religious observances and some financial hardships.

**GET COVERED.**  
1-844-205-2223 (TTY/TDD 1-877-941-9231)  
Text GEORGIA to 36453\*

Ambetter from Peach State Health Plan is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. This is a solicitation for insurance. © 2015 Ambetter of Peach State Inc. All rights reserved. \*Standard message and data rates may apply. Reply STOP to opt out. No purchase necessary. We'll text you a few times per month. Terms and Privacy: Ambetter.pa@georgia.com. AMBIS-CA-C-00068

### The type of healthcare payments you might make over a year.

**PREMIUM**  
What you pay every month, all year, for your health insurance.

**DEDUCTIBLE**  
How much you pay for certain services, in total, before your insurance starts to pay. Depending on how much healthcare you use, you may not reach your deductible.

**CO-PAY**  
The set amount of money you pay at the time of certain medical services.

**COINSURANCE**  
The portion of your medical bill you pay, for certain services, after you meet your deductible.

FROM Peach State Health Plan.

### Every Health Insurance Marketplace plan includes these Essential Health Benefits:

**Essential Health Benefits:**

- Emergency services
- Hospitalization
- Various therapy services (such as physical therapy) and devices
- Prescription drugs
- Laboratory services
- Mental health and substance abuse services
- Pediatric services
- Maternity and newborn care
- Preventive and wellness services
- Outpatient or ambulatory services

Health Insurance Marketplace

**Take charge of your health with a Health Insurance Marketplace plan from Ambetter.**

- Visit [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)
- Call 1-844-205-2228 (Relay Texas/TTY: 1-800-735-2989)
- Text TEXAS to 36453\*

\*Standard message and data rates may apply. Reply STOP to opt-out. No purchase necessary. We'll text you a few times per month. Terms and Privacy: Ambetter.SuperiorHealthPlan.com  
Ambetter from Superior HealthPlan is a Qualified Health Plan issuer in the Texas Health Insurance Marketplace and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. This is a solicitation for insurance. © 2015 Celtic Insurance Company. All rights reserved. AMBIS-TX-C-00082

# Ongoing Member Engagement

**ambetter** FROM **peach state health**

Member Name  
323 Main Street  
Anytown, USA 12345

**BETTER IS:**  
Ambetter from Peach State Health

Thank you for signing up for health insurance you chose us, and we are ready to partner with you. Remember, you will need to make your first payment for your insurance. If you haven't already, here are the details of your Ambetter from Peach State Health plan.

**A SUMMARY OF YOUR PLAN**  
Here are the details of your Ambetter from Peach State Health plan.

Member ID Number: 0000000000  
Plan Name: Silver XXX  
Policy Number: XXXXXXXX  
Subscriber's Coverage Effective Date: XXXXXXXX

**1** Your Ambetter from Peach State Health plan is active. If you've already made your payment, congratulations!

We are here to help!  
Visit [Ambetter.peachgorgia.com](http://Ambetter.peachgorgia.com) or call 1-800-XXX-XXXX.  
You're here because...

One more step before your coverage begins!

1. You signed up for the plan.
2. You checked out the plan details.
3. You made your first payment.
4. You received your ID card.
5. You started using your ID card.

You're almost there!

**Here's how to pay.**

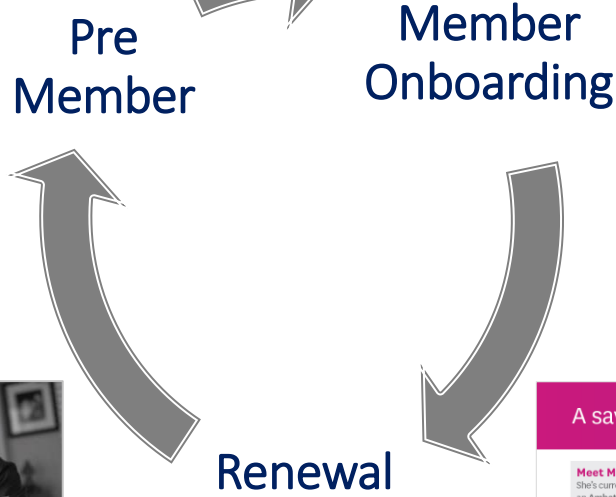
**1. Pay online (our recommendation)**  
Create your online account at [PCH](http://PCH) and email in automatic bill pay using your prepaid debit card, bank debit card, bank account or your credit card. Or, you can follow the "pay online" instructions. It's secure and easy!

**2. Pay over the phone**  
Call 1-800-XXX-XXXX between 7 a.m. and 6 p.m., CST to make your payment over the phone.

**3. Pay by MoneyGram**  
Now you can make premium payments in 2016. Pay at MoneyGram to find a location near you or to learn more about paying your premium payments through MoneyGram, visit [www.MoneyGram.com](http://www.MoneyGram.com).

**4. Pay by mail**  
Send a check or money order to the address below. Remember to write your member ID number on your check or money order.

PO Box 892344  
Mailings 07023402  
Dallas, TX 75266



**ambetter** FROM **magnolia health**

Member Name  
Street Address  
City State ZIP

Thank you for choosing to stay with Ambetter from Magnolia Health! We're happy to have you back.

**Healthy Start**

Dear [Member Name],

Thank you for choosing Ambetter! As our member, you have the support of our health care team. And as your health plan, we're working with you every step of the way. It's time to take charge of your health. Here are a few quick and easy things you can do to make the most of your plan.

**1. Create your secure online member account.** Do this by visiting the "My Member" page on [Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com). Your member account stores all of your plan's benefits and coverage information in one place. Once you have your account, you can easily complete the rest of your checklist.

**2. Start earning rewards.** Complete your online Ambetter Welcome Survey. All you have to do is log in to your online member account. Completing this survey helps us design your plan around your specific needs—and it helps you earn \$50 on your **myHealthpage**™ VISA® Prepaid Card.

**3. Enroll in automatic bill pay.** Call us or log in to your online member account to sign up. Automatic bill pay automatically withdraws your monthly premium payment from your bank account. It's simple, helpful, convenient and secure.

**4. Pick your primary care provider (PCP).** Your PCP is your personal doctor. In the main doctor you will see for most of your medical care. This includes your checkups, sick visits and other basic health needs. To pick your PCP, log in to your online member account to see a list of in-network Ambetter providers in your area.

**5. Schedule and complete your annual wellness exam.** See your PCP each year for an annual exam. After you complete your wellness exam, you'll get \$20 on your **myHealthpage**™ Card. And anytime you need care, call your PCP to make an appointment.

Learn more at [Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com)

[Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com) | 1-877-487-1234 | 1-877-487-1234

There may be better options for you.

Switching to a Balanced Care Plan from an Essential Care Plan could save you thousands of dollars on your out-of-pocket expenses. We encourage you to explore switching to one of our Balanced Care plans, which is a better value plan. For a small premium increase, a silver-level plan may offer you lower co-pay or other out-of-pocket costs that could better fit your budget. Take a look at the sample breakdown below for a family of four whose household income is between \$48,000 and \$49,500.

	Essential Care Plan (Current)	Balanced Care Plan (New)	Potential Savings with a Silver Plan
Annual Deductible	\$5,000	\$0 - \$1,500	\$5,000 - \$6,500
Maximum Out-of-Pocket	\$8,000	\$5,000 - \$6,250	\$4,000 - \$3,750

**Remember, we'll automatically re-enroll you in the Essential Care plan listed above. If you want to make changes to your plan, or explore our Balanced Care plan options, make sure you do so by December 15 to be covered on January 1, 2016.**

Sincerely,  
Ambetter from Sunshine Health

A savings story..... How Ambetter Balanced Care Plans help you pay less for complete coverage.

**Meet Maria.** She's currently enrolled in an Ambetter Essential Care Plan.

Every month, her premium payment is **LOW**, but her deductible is **HIGH**.

**THIS CAN BE RISKY.** If she gets sick, she may wind up paying a lot out-of-pocket.

Maria broke her leg. She needs surgery.

Maria hasn't met her **HIGH** deductible.

And until she meets her deductible or out-of-pocket maximum, Maria is responsible for paying \$6,000 of these costs on her own.

**Her premium may be a little higher, but her deductible will be much, much lower.**

**This year, Maria wants a new health insurance plan with balanced costs.**

**She signs up for an Ambetter Balanced Care Plan.**

Because Maria wants to save her money, she signs up for an Ambetter Balanced Care Plan now.

And she can save **THOUSANDS** every year.

**You can save, too. Switch to an Ambetter Balanced Care Plan now.**


Visit [Ambetter.peachgorgia.com](http://Ambetter.peachgorgia.com) or call 1-800-XXX-XXXX.

# MyHealth Pays Reward Program

- A unique incentive program that rewards members for healthy behaviors
- Members can earn rewards for **Annual Wellness Visits** (\$50), **Flu Shots** (\$25), filling out a **Member Welcome Survey** (\$50), and going to the **Gym** 8 times per month (\$20/month)
- The reward dollars are loaded onto a limited use card that can be used to pay out of pocket costs (copays, deductibles, etc) or monthly premium payments



Rewards Program  
**myhealthpays**<sup>™</sup>  
EARN REWARDS FOR STAYING HEALTHY



Rewards Program  
**myhealthpays**<sup>™</sup>  
EARN REWARDS FOR STAYING HEALTHY:

- \$50** Complete your online Ambetter Welcome Survey
- \$50** Complete your annual wellness exam
- \$25** Get your annual flu vaccine



Use your rewards to help pay for:

- Doctor copays\*
- Deductibles
- Coinsurance
- Monthly premium payments



Sample Card

\* My Health Pays<sup>™</sup> rewards cannot be used for pharmacy copays.



# **CMS Highmark Complex Care Management Model**

**October 5, 2016**

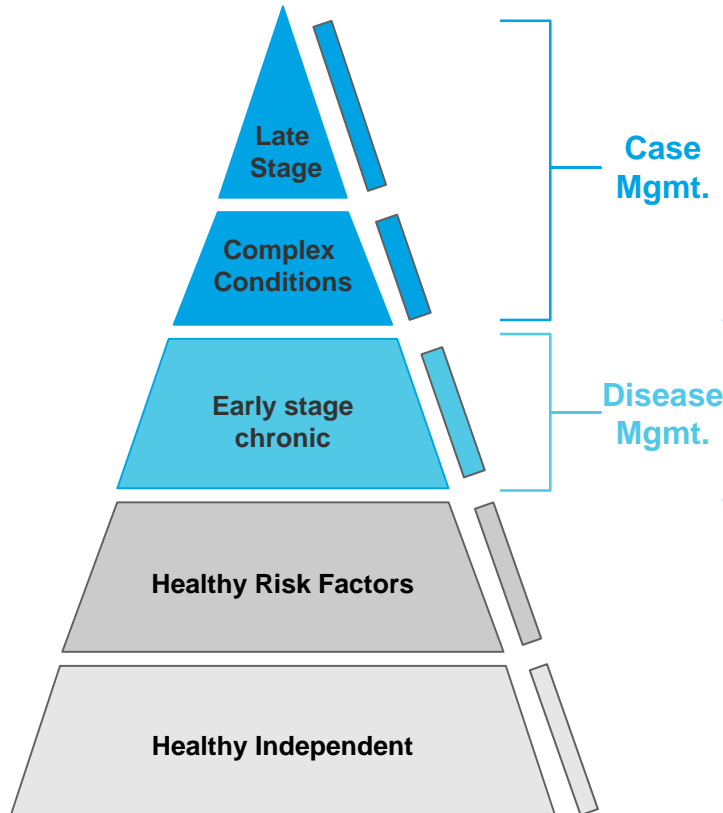
**Charles DeShazer, MD  
VP & Executive Medical Director  
Medical Management & Quality**

# Government Markets Complex Care Model is oriented around 5 key components

- 1** | **Target members** → Identify members with clinical needs that can be addressed by Highmark care team and that have greatest opportunity for impact
- 2** | **Programs and interventions** → Align suite of programs and interventions to address unique needs of the target population and to focus on opportunities for greatest impact
- 3** | **Staffing model** → Create role specialization, engage multidisciplinary care team members to fullest extent and allow clinicians to work at top of license
- 4** | **Approach to member management** → Assign ownership over geo-based panels to improve coordination and continuity of care with local vendors, providers and community resources
- 5** | **Program effectiveness** → Shift away from heavy focus on process metrics towards a comprehensive view of both process and outcome based metrics, e.g., clinical, cost, utilization

# The Complex Care Model targets high risk members with characteristics that indicate opportunity for impact

## Target members from clinical segments



- Case mgmt. targets members with characteristics that indicate an opportunity to improve health and well-being and holistically manage member needs while positively impacting outcomes and the **ability to help member reduce utilization** and spend (e.g., members with ESRD are excluded)
  - Individual ACA members that fall into this population typically have an **avg. annual cost of \$27K**
  - Risk score, likelihood of hospitalization and number of care gaps for these members is higher than **90% of all members**
  - Many of these members also have **diagnoses for behavioral health**
- Disease management targets members with **one of 5** chronic conditions, **COPD, CAD, CHF, Diabetes, Asthma**, that have a high enough risk score or care gap index indicating opportunities to improve member's health

*While the model does not focus on engaging healthy members, these members are included in the Complex Case Manager's geo panel and will naturally show up on Complex Case Manager's radar if their health deteriorates*

# The approach to more effective member management through the Complex Care Model is oriented around 3 guiding principles

1. MA and ACA members are managed in geo-based panels to improve coordination and continuity of care with local vendors, providers and community resources
2. Case managers act as 'quarterbacks', fully owning their member panel and engaging a multidisciplinary care team to holistically manage member needs
3. The multidisciplinary care team is organized in pods across geos, flexing their role in member management based identified member needs

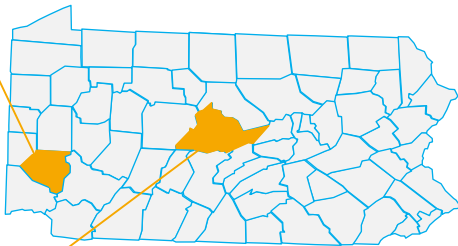


# Care Management: Health Plan Complex Care Model

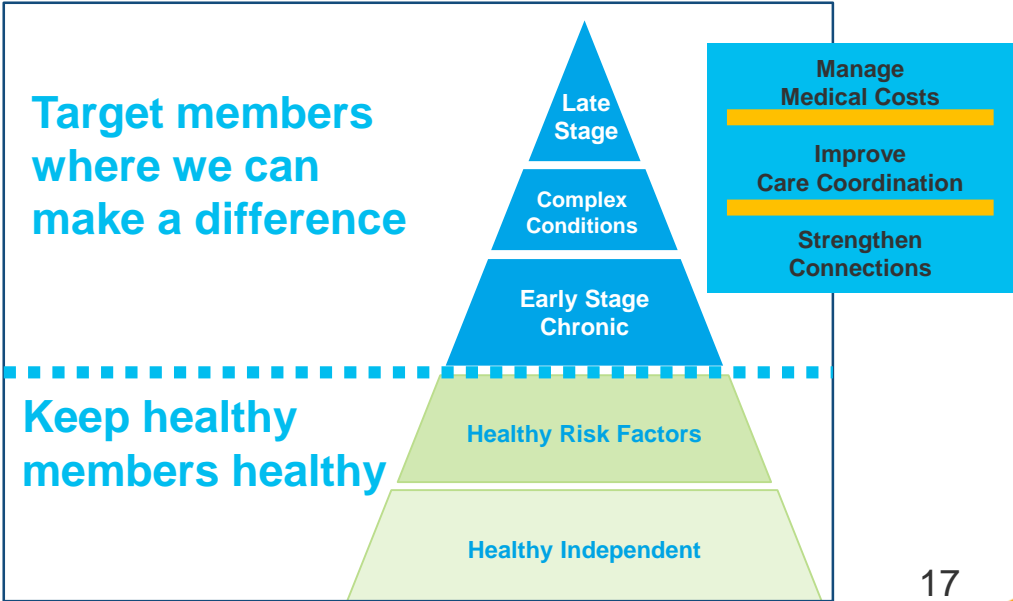
Leveraging the strengths of a multidisciplinary team to meet member needs through a **telephonic** engagement approach



**Case Manager**  
Geographic panels developed for Med Adv and ACA members to strengthen connections with members and providers by creating continuity of case management resources.



**Case Manager**  
Complex Case Managers serve each geography with knowledge of the local community needs and resources



# Q&A Session

To engage on social media use the following hashtag: **#issuerinsights**

To submit questions remotely,  
email us at:  
**Partnership@cms.hhs.gov**



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# Marketplace Year 3: Issuer Insights & Innovation



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