



The Value of Medicaid Managed Care

Medicaid managed care is designed to be a win-win for those covered by it and those funding it. It emphasizes primary and preventive care to keep members healthy while helping to control costs. Medicaid managed care organizations (MCOs) help states improve health outcomes, provide access to services, and connect members to other types of support in their communities.



WHAT ARE MEDICAID MCOs?

- › Medicaid MCOs are healthcare plans that partner with states and contracted providers to deliver healthcare services to Medicaid members
- › Medicaid MCOs engage in proactive care coordination: Managing appointments, prescriptions and follow-ups as needed
- › **Entrusted by the state to deliver high-quality outcomes and avoid unnecessary costs**

HOW IS MANAGED CARE DIFFERENT FROM FEE-FOR-SERVICE?

- › In fee-for-service (FFS) the state government pays providers directly for each service they provide
- › **MCOs accept risk, providing budget predictability for states**
- › In the FFS model, there is greater susceptibility to higher costs and fraud, waste, and abuse

~75%
of people in Medicaid are enrolled in managed care

HOW DOES MANAGED CARE BALANCE COST CONTROL AND HEALTH OUTCOMES?

- › Managed care prioritizes preventive care and managing chronic conditions
- › **This helps people stay healthier, which helps keep costs down**

HOW DO MEDICAID MCOs HELP THEIR MEMBERS?

- › Medicaid MCOs support community health with programs focused on prevention, wellness, and access to care
- › Medicaid MCOs use data and care teams to customize support, especially for people with complex or chronic conditions

WHAT DOES MANAGED CARE LOOK LIKE IN PRACTICE?

- › Programs offered and services covered vary based on state and member needs
- › Can include programs tailored to specific groups, such as prenatal care with clinical services, educational resources, and more
- › Provides hands-on support from local care managers for members with complex needs

The Centene Difference

For over 40 years, Centene has been dedicated to transforming the health of communities we serve, one person at a time. As the largest managed care organization in the country focused on government-sponsored healthcare, Centene insures more than 1 in 15 individuals across the nation, including Medicare members and Health Insurance Marketplace members, in addition to Medicaid members.

RESULTS THAT DELIVER



6%

reduction
in suicide-
related claims

Behavioral Health

The Choose Tomorrow Program uses predictive modeling to identify Centene's members who are at risk for suicide before a crisis arises. The algorithm scans variables such as diagnostic history, demographics and claims data to identify those who may need proactive support. Suicide-related claims decreased by 6% during the timeframe in which members opted in to Choose Tomorrow interventions.



57.1%

of program
members
reported
improvement
in A1c

Chronic Conditions Management

The Good Measures Diabetes Telehealth Program provides telehealth coaching for diabetes patients that includes clinical coaching, technology, and personalized food plans. 57.1% of program members reported an improvement in A1c, a key health indicator for diabetics.



97%

accuracy rate
in correctly
identifying high-
risk pregnancies

Maternal Child Health

Start Smart for Your Baby™ (SSFB) uses care coordination, disease management and health education to support well-being of both parents and newborns. SSFB's enhanced identification model achieved a 97% accuracy rate in correctly identifying high-risk pregnancies across all pregnancies.

MAXIMIZING
OUTCOMES FOR
OUR MEMBERS

Managed care works to help people stay healthier and reduce the need for added treatments and care, which helps keep costs down. Centene's local approach and experience allow us to deliver care that meets members where they are and provide a solution to states that ensures budget predictability.