Innovative Programs and Initiatives

MemberConnections® Program

Coordinated Care's MemberConnections Program maximizes the opportunities in order to serve our Members by making a positive impact on their healthcare outcomes. This team of highly trained staff all whom have been awarded community health worker certification, focus on direct calls, coordination of non-medical needs through home visits, and community events. During our first six months of operation in 2012, the team completed over 3,000 calls and 135 community events.

In August, 2012, Coordinated Care launched its SafeLink program. Eligible members for the federally subsidized program are offered a free mobile phone with some limitations on text messaging and minutes. Members are identified through Coordinated Care's staff who determine that no access to a phone is a healthcare barrier. A pre-programmed cellular phone is provided for the Member to use to speak with their physician, Case Manager, and/or other resources pertinent to their care and treatment. The phone numbers are available to their providers via our Provider Portal. For 2012, 3,238 Coordinated Care families have received a SafeLink phone. Coordinated Care will continue to monitor this program and its success through various tools and activities that will assist in improving the health of the Member.

Information Technology

Coordinated Care's parent company, Centene Corporation®, provides a standard platform for the management of Medicaid and other state sponsored medical plans. This platform continues to be enhanced, supporting growth and driving efficiencies. Centene has been recognized as a leader in Information Technology and has won several awards for innovation. Centene's award winning business intelligence platform, Centelligence®, continues to be extended into new areas, enabling proactive measures to improve medical outcomes and lower costs. Lastly, Centene Information Technology continues to invest in better customer service capabilities, utilizing advanced call center technologies and customer relationship management solutions.

Start Smart for Your Baby®

In an effort to help pregnant members deliver healthier babies, Start Smart for Your Baby (Start Smart) incorporates the concepts of case management, care coordination, and disease management. Start Smart has evolved into a complete program that promotes education and communication between pregnant members, their case managers, and physicians to ensure a healthy pregnancy and first year of life for their babies.

Our multi-faceted approach to prenatal and postpartum care includes extensive member outreach and incentives, wellness materials, provider incentives and intensive case management. This reinforces the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery and infant disease.

The Start Smart program is comprised of multiple components which allow us to identify more pregnant members, interact with them earlier in pregnancy, reduce the rate of prematurity, shorten neonatal hospital stays, increase birth weights and lessen the chance of repeat premature deliveries. CC also covers 17P to help prevent premature delivery. 17P is endorsed by the American College of Gynecologists. CC will monitor the success of the Start Smart program in 2013.

Success Stories

Young Pregnant Member Receives Support for Substance Abuse:

A young pregnant member, who was having dental pain due to drug use, reached out for help. The staff at Coordinated Care was able to help the member obtain resources for getting dental care. In addition, the member was connected to a drug treatment center, assisted to sign up for WIC benefits and for Early Head Start Program to support her family.

The member was signed up for a SafeLink phone so Coordinated Care could stay connected and supported while in the treatment center. Coordinated Care also gave the member resources to help her quit smoking. This member stated how excited she was to be with Coordinated Care and about the Start Smart for Your Baby program.

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2012

At-A-Glance

The Face of Coordinated Care

Services Offered: TANF, SSI, CHIP, Basic Health, Foster Care

Number of Local Employees: **93**
First Year of Operations: **2012 (7/1/2012)**

Number of Providers (par) including practitioners, facilities, and other distinct delivery providers: **8,716**
Membership: **57,200**

Statutory Revenues: **$87,862,481**

Percentage of Total Eligibles Served: **7%**

Office Locations

1. **Tacoma**
   1145 Broadway, Suite 300
   Tacoma, WA 98402

Coordinated Care

Coordinated Care is a new managed care company in Washington that began 7/1/12. Coordinated Care membership was 34,577 in July 2012 and increased to 57,152 as of December 31, 2012 in 38 Washington counties. The company headquarters is in Tacoma, Washington. There are approximately 120 local employees who focus on all things that directly touch our members, providers and State agency clients. The products we offer in Washington include Medicaid (Health Options/TANF/ABD) + Basic Health.

www.CoordinatedCareHealth.com

2012 Annual Report Card

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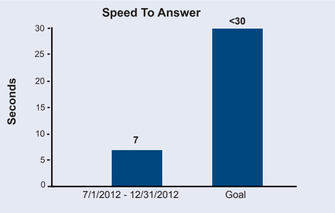
Value to the **State of Washington** and quality healthcare for its Medicaid enrollees.

Health Plan Report Card **Coordinated Care**

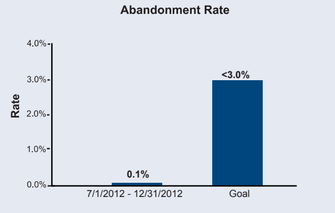
The year-end report card provides a snapshot of how Coordinated Care Corporation (Coordinated Care) performed against state, NCQA, and Coordinated Care standards through December 31, 2012, and what Coordinated Care is doing to improve its health outcomes. As of December 31, through its Coordinated Care Program, Coordinated Care was providing Medicaid managed care services to 57,200 members.

Member Services

Calls Answered from July 1 to December 31, 2012:
55,055
Percent of Calls Answered within 30 seconds? 92.9 %
Goal: 80.0% in 30 seconds or less
Calls Abandoned: 0.1%
Goal: < 3.0% of Total Monthly Calls
Average Speed to Answer: 7 seconds



As reported by Coordinated Care



As reported by Coordinated Care

Claims Payment

Measure	Number	Percentage	Goal
Total Resolved in 0 to 30 days =	462,384	98.5%	95%
Total Resolved in 31 to 60 days =	5,142	99.6%	98%
Total Resolved in 61 to 90 days =	326	99.6%	99%

Improvements:
Ongoing auditing per our policy.

Quality Improvement Initiatives

Coordinated Care is conducting quality Performance Improvement Projects (PIPs) that achieve through ongoing measurement and intervention, demonstrable improvement in aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction. The following have been identified by Coordinated Care in 2012 as areas for intervention:

Improving outcomes for Members with Diabetes

Increasing compliance of Coordinated Care members with Type II Diabetes mellitus with their treatment plans. Regular monitoring and managing blood glucose levels is important to slow down the development of the disease however, nearly one in four Medicaid members with diabetes does not get regular testing. The indicators for this project are a) HbA1C annually, b) LDL test annually, and c) Eye screening exam for retinal disease annually. Interventions include a letter and educational brochures. Also, members receive $50 in their CentAccount® annually for compliancy with the screening requirements.

Improving Women's Health

Studies indicate that insured, low-income populations find accessing health care more difficult which often leads to barriers in receiving appropriate preventive care at the same rate as the general population.
Coordinated Care launched a program in 2012 to improve annual mammogram screenings for women over the age of 40 in an attempt to remove these barriers and educate members on the importance of preventive health care.
Coordinated Care identified women over the age of 40, who do not currently show claim-based evidence of a mammogram screening and enrolls them into our program. The program includes a detailed letter mailed to the member educating them on the prevalence of breast cancer and how a mammogram can provide early detection, earlier treatment, and save her life. Coordinated Care began mailing these to identified women in October, 2012. Following the mailing from Coordinated Care, we also send another notification on behalf of the member's PCP, further educating the member on the need to schedule her mammogram.
Finally, Coordinated Care places a follow-up phone call to the member offering assistance with scheduling her mammogram and/or arranging transportation.
Coordinated Care will monitor the outcomes of this initiative in 2013.

Improving Coordination of Care

An additional PIP on the Transition of Care is a joint effort PIP with the other Washington state Medicaid Health Plans. The expected outcome is to assure timely follow up with primary care providers, and care management for high risk patients while assuring safe, effective and coordinated care as patients move between settings. Monthly meetings and teleconferences have taken place.

Performance Measures Interventions include:
- Letters and educational brochures to all diabetic members
- Member reminder letters regarding breast cancer screenings
- Letters to parents of newborns regarding well baby checks (including a personalized immunization chart from the CDC)
- Pertussis vaccination reminders
- Start Smart mailings sent to pregnant members
- Member phone calls regarding: Coordinated Care sponsored flu shot clinics, mammogram reminders and child vaccination reminders

Coordinated Care has chosen to take part in the CAHPS survey for 2013 which will take place in spring 2013. Participation in this survey will give us the opportunity to identify areas for improvement prior to the 2014 survey which will be submitted to NCQA.

HEDIS 2014:

In preparation for HEDIS performance measures reporting to NCQA in 2014 for 2013 data, a HEDIS provider reference guide is now being included in the Welcome Packet for new participating providers, HEDIS diabetic performance measure information was faxed and mailed to PCPs, HEDIS training was done to all of the Coordinated Care provider representatives so they would be able to have a better understanding of the HEDIS project and answer provider questions regarding the HEDIS project.

The state of Washington requires reporting on these clinical measures in June of 2013:

- Inpatient utilization – general hospital acute care
- Ambulatory care (outpatient and emergency room)

Community Involvement

Coordinated Care is actively engaged in community healthcare initiatives such as Pierce County Coalition for Immunizations, Children with Special Health Care Needs (CWSHCN), Immunization Action Coalition of Washington, PAVE, Child Profile meetings, coordinated the Kent Free Flu Shot Clinic, alignment with the WAIIS (WA immunization database) for data sharing for the purpose of gap analysis for immunizations. We are also involved in peer managed care workgroups sponsored by the Health Care Authority/Department of Health regarding the transition of care and the development of a pediatric behavioral health screening tool. Coordinated Care is actively engaged with important regional non-profit health improvement organizations like WithinReach of Washington, the Comprehensive Health Education Foundation, and the American Diabetes Association.

Homeless Member Surrounded by the Team at Coordinated Care:

A member, who was homeless and very sick with several diseases, including cancer, had run out of essential medical supplies. Because the member had no phone or address it was very challenging communicating with him and being able to get supplies delivered. Coordinated Care's staff worked together to locate supply companies to identify who would have the fastest turnaround time, they worked with a local hospital social worker to coordinate temporary phone number and address so those supplies could be delivered and assisted the member to get a SafeLink Phone.
In addition, the team at Coordinated Care helped the member find housing and find and schedule an appointment with a new Primary Care Provider (PCP). The entire team, from case managers, member services and leadership, rallied in a team effort in ensuring the quality of life for this member and met his needs with in just a couple of days.