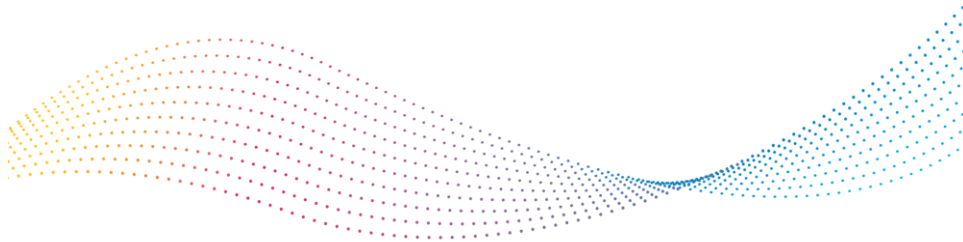


Arizona Alliance of Community Health Centers Board Retreat

July 29, 2016



Confidential and Proprietary Information

2016 Health Plan CEO Quality and Compliance Summit

Arizona Health Plans

Bridgeway Health Solutions

- AHCCCS and D-SNP health plan focused on meeting the needs of the state's Elderly and Physically Disabled population

Cenpatico Integrated Care

- AHCCCS health plan that provides behavioral health services for Medicaid members as well as both medical and behavioral services to people who have been designated as having a serious mental illness

Health Net Access

- AHCCCS health plan serving TANF, ABD and Medicaid Expansion members

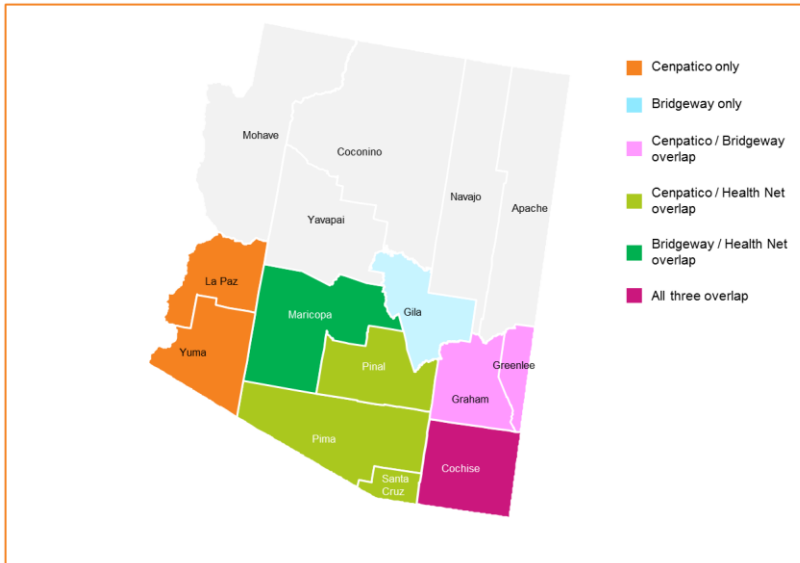
Health Net

- Medicare and commercial health plans serving Medicare, exchange and group insurance members

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Arizona Service Areas



Arizona providers

- 15,000 primary care practitioners and specialists
- 90 hospitals

Arizona Overview

Membership: 167,000 (597,000 with Cenpatico)



Centene Employees in Arizona

Total 1,424

Business Units

- Bridgeway Health Solutions 197
- Cenpatico Integrated Care 347
- Centene Corporate/Other 128
- Engolve Specialty Companies 358
- Health Net 321
- Service Center West 73

60/40 split between Maricopa County vs. southern Arizona

Organizational Commitments

1. To our Members
2. To our Providers
3. To our Customers
4. To the Communities in which our Members live
5. To our Co-Workers

Situational Analysis

- California-centric Health Net orientation
- Disparate identities
- Aggregate membership vs. product membership
- Multiple networks
- Multiple areas of focus
- Complexity of business process

Opportunity Analysis

- Arizona driven and managed
- Single identity (excluding Cenpatico)
- Leverage aggregate membership
- Core network across products
- Medicaid as core business
- Simplify business process

Opportunity Analysis - Provider

- Core network across products
- Maximize overlap among product networks
- Grow deeper vs. broader
- Book of business concept with providers
- Value-based contractual arrangements
- Organized systems of care

Value-based Arrangements

- Maximize alignment
- Vary by product and program
- Quality incentives
- Incentives to reduce administrative costs
- Risk/reward arrangements

Organized Systems of Care

- Simplify contracting
- Larger critical level of membership and funding
- Opportunities for care integration
- System accountability for quality initiatives
- Infrastructure for quality and care management
- Higher level of responsiveness
- Deeper vs. broader relationships

Organized Systems of Care

- Hospital-based ACOs
- Practitioner-based systems
- FQHCs
- Organized system of FQHCs

Opportunities

- Leverage existing data
- Increase “meaningfulness” of present VBP arrangements
- Pursue simplification of business process
- Improve patient/member experience
- Utilize existing capabilities to extend health plan reach
- Partner on clinical cost initiatives (e.g., southern Arizona Medicare)
- Build on delivery system investment (e.g., DSRIP)
- Anticipate changes in funding structure over next 5 years
- Create aggregate risk-reward opportunities
- Explore joint legislative efforts