

KanCare MCO Presentations

Total Run Time: 46:58

United Presentation

I'm Nan Thayer Kartsonis. Some of you may know me. I work for United Healthcare. I live in Kansas City and have for a while. And I've worked for United Healthcare of Kansas City for a while. So, I'm going to walk you through a little bit about United and our new relationship with KanCare. But also spend most of my time walking through by each provider type what you can expect in the next 60 days. Because we're really finding that the bulk of the questions that we're getting at this point are really around how to contract.

Because most people, a lot of providers in Kansas City are already in network with United Healthcare, I want to make sure everyone is clear on what to expect and what's coming down the road.

So, United Healthcare as many of you know has products for people basically from cradle to grave. So, we have many employee sponsored businesses, Medicare, part D products for Medicare, Medicaid products as well. So, we really have products for all ages, and we believe our mission is to help people live healthier lives regardless of how their health care is paid for, what age they are, where they go. That's really how we do business and that's how we do business in Kansas.

As we move forward and look at our role around the community health plan and the KanCare plan in Kansas, our goal is really to deliver good, solid health care to the Medicaid folks in Kansas and work collaboratively with the providers.

When you look at United Healthcare in Kansas, we already have 246,000 members in the state of Kansas. Many of those are in employee-sponsored programs. Many of those are in Medicare, whether that be a Medicare Advantage plan, a group retiree Medicare plan, or Medicare part D. I think at times folks get a little confused by our branding. So, if a product says AARP on it, it's a Medicare product. It's most likely a United Healthcare product and that's where many of the members in Kansas come from currently.

We have 2,000 employees in Kansas and we've had those 2,000 employees in Kansas for a while. We will be adding 300 additional employees in Kansas um, related to the KanCare product. Some of those employees will be in the Overland Park/Johnson County area but many of those, probably two thirds of those will be in throughout the state of Kansas and they will actually live in the communities where our providers and members live. So, we have a number of network folks, provider folks and case manager people that are planned in the staffing that will actually live in the communities with folks.

Um, what we really try to do as we look at KanCare is have impact through early detection and treatment. I'll walk you through some of our value-adds and how we support that effort with providers. Management of chronic illness which is, we're really looking for integration activities and coordination activities so if Medicaid members are getting services from different providers or HCBS providers in addition to hospitals and other types of environments, that we're able to integrate and help coordinate care and share health care information across those different providers, etc. We'll of course look to avoid unnecessary hospitalization and reduce ER visits or ER stays which I don't think is a new thing. And then really work on preterm and neonatal costs.

So, value-adds. This is when it gets interesting. Enough about United. You guys probably already know about United. Um, when we look at our value-adds. These are programs we added specific to the KanCare program to support providers or membership in the program. The first of which is our wellness rewards program. So, we have a credit of \$5 to \$15 available to members who get their annual history or physical, kids who get their EPSET screening, folks who get biometric screening, people who go to an annual dental visit or vision visit and they will get a credit on a prepaid MasterCard once they make those visits. So, that's a nice incentive to get people into providers' offices and do the preventative things they need to do.

We also have a great program for healthy moms, which surprisingly enough, we tested this nationally, is a smartphone application. It pushes through reminders, prenatal visits, education, etc. I think that we were surprised to find out, many of you probably aren't because you care for these folks every day that the bulk of them do have smartphones. So, this application has worked well for pregnant moms.

Um, we like to have programs in place that promote physical activity, so we will pay for a recreation membership to a 4H club, a boys or girls club, a YMCA in a community for a youth and we'll also cover any physical that's required for camp, so they don't have the extra expense to go to a camp.

We have a number of programs centered around obesity, one of those is a sponsorship program we have with Weight Watchers where we pay Weight Watchers fees and then if you're in the program, if the members in the program successfully for over 90 days they get an incentive that they can then use to buy workout clothes related to the Weight Watchers program. We also have a pediatric obesity program that we do nationally.

We have a number of programs and ways that we help members connect to providers because as many of you know that's one of the challenges, how do you find the member and how do you find, how do they find you. So, some of these are mobile apps, some of them are data bases. There are a number of different ways folks can keep in touch. We issue cell phones to high risk people who do not have cell phones, things like that.

And then we have some more standard value adds around healthy bodies, so this is enhancements and vision benefits to increase the allowance for eye glasses or contacts, additional podiatry visits. We have an adult dental benefit in our plan. We also have a number of programs in partnership with Sesame Street for kids around education for asthma which is a very popular program nationally as well as a program with Sesame Street that helps educate families on how to feed their kids on a limited budget and stay nutritionally sound.

We also have some programs around mental health, around peer programs and first aid kits for mental health. And then we have a new program we'll be watching in January, called "Empower Kansans." And Empower Kansans is a program we created specific to our partnership with KanCare and the state of Kansas where we'll make a \$500,000 a year to a community for three consecutive years to help build and support the disabled in finding employment and going back to work.

Okay, so that takes us to the network place. So, as I said earlier, I'll spend most of my time today helping you guys, giving you information on what will happen from a network standpoint as you get uh your, either get in our network newly or enhance your relationship with United Healthcare to include KanCare. So, first priority is the timeline. I think lots of people are thinking, "We've got to get this done by January 1." It's actually sooner than that because members will start getting their assignments in late

October, early November and they'll need to be able to access information on what providers are in the network at that time so we don't get members disconnected from the providers that they use. So, we'll be working really aggressively in the next 60 days to get all of you, everybody in network and get all of your information loaded in our online lookups and provider directories.

We have worked with the state to proactively identify all Medicaid providers in the state. But that doesn't mean that that's a perfect system. So, if you by any chance, feel that you have not been identified, then, many of you picked up the United Healthcare brochure that we had here today, inside that, on the inside flap is contact information. There's lots of different categories on there, as well as a general mailbox, please feel free to contact the appropriate person on that contact sheet and make sure you are on our list. We haven't sent many of the contracts out yet. We're just finishing up, as Secretary Sullivan said earlier, the joint credentialing application, stuff like that, but never hurts to check and make sure that you're on our list. I also have a number of people in the back I'm going to introduce you to a couple of them cause I love putting them on the spot. That way you can attack them at the break, so that'll be fun. So, Krista and Carolyn if you can step forward and raise your hands. If you're an HCBS provider then you'll want to make sure one of those two ladies has your name and contact information. They're our provider advocates and contracting representatives specific to HCBS that will be covering this area of the state. If you're a nursing facility, you can also give your name and number to them, you can give it to me or if you already know Jennifer Everett, who couldn't be here today but she's your contact for nursing facility contracting as well.

If all else fails, you can use this email address and it's on the contact sheet for any kind of provider and we'll get it to the right place.

If you previously signed a letter of intent with us, you will need to convert that into a contract. Um, everyone will need to fill out a disclosure form. That's a federal requirement. You'll see it as I go through my slides for each provider category. I keep saying over and over "and you'll need to fill out a provider disclosure form." So, just want to give you a heads up on that. It's not a complicated form.

Reimbursement levels and policies will be consistent with the Medicaid fee schedules, so if you're wondering what codes you're going to bill or what the rates going to be, they're going to be the same as what you currently bill for Medicaid. And you'll all have access to the provider admin guide so, if any of you are current Medicaid providers, in fact, someone came up to me earlier and asked me if they could still submit their claims online through our portal and get their PAs done through our portal, etc. Yes, you will be able to do all that stuff. Our provider admin guides will be available in writing, but all those hookups will still be available online through the United portal that you use today if you're currently using it.

Okay, hospital, what to expect for hospitals. So, the majority of hospitals are already contracted. In fact, I believe all the hospitals in eastern Kansas are contracted. There's just a very few small hospitals in the rural part of the state that are not contracted with us. So, you already have a United contract, you're already contracted with United so you don't need to do anything in regards to credentialing. You will receive a payment appendix specific to Medicaid as well as a regulatory appendix that outlines certain aspects or requirements specific to KanCare and Medicaid. And you will need to work with your assigned United contractor. If you're a hospital and you don't know who that is, let us know. We do have some of our hospital contractors here today and we can make sure we get you hooked up with the right person. And, which is the last bullet point on every slide, you'll have to fill out a disclosure form.

If you're one of the hospitals that's not currently contracted with us then we will need to take you through the contracting process and there, we will also take you through the credentialing process. We have designed and worked, as someone indicated earlier, the three managed care organizations have worked together. We've designed a joint credentialing application. It's about five pages long for hospitals and nursing facilities, a little longer for some of the behavioral health disciplines. You can fill that application out, copy it three times and then send it to each managed care organization with their contracts. So, we really tried to do our best to streamline that, make it so you guys weren't filling out three different applications if you're a hospital, a nursing facility or another entity. We will use CHQA and I will cover that for professionals like physicians etc. that currently use that for credentialing.

And if you're a critical access hospital which is actually probably not the case here but it could be I guess when I think about it, then we'll use the methodology for reimbursement that's set by the state.

So, medical groups, physicians, specialists anybody in that category, probably already in contract with United, if you're not, you probably already use CAQH for credentialing. That's the form that the states use, that's the national standard. And I think almost everybody uses that. So, credentialing for Medicaid providers...will be through CAQH. If you're already credentialed with us, you don't need to repeat that. It just rolls over.

You'll receive a KanCare payment appendix and a regulatory appendix, if you're already contracted with us, and you'll fill out a disclosure form. If you're not already contracted with us, and you're a medical group or a physician a specialist or something else, then we'll have a contractor work with you. You'll use CAQH to get credentialed. And you will need to negotiate a contract. And we've found that this is pretty minimal in this state. But if you're in that category and need some help, please let me know afterwards and we'll get you hooked up with the right person.

If you work for an FQHC, rural health clinic or Indian health services, we're contacting each of those folks individually. And we've done some of that work already. And we'll continue to contact them as there are a little special requirements around those providers.

Behavioral health and substance abuse. So, similar kind of thing. The company that we use for this category is Optum Behavioral Health, also more commonly known by their prior name UBH or United Behavioral Health. So, if you're already contracted with them, you're good to go. Just going to get a new payment appendix and regulatory appendix and fill out a disclosure form.

If you're a professional, you're credentialing will go through CAQH. Lots of people in the behavioral health world do um, credential through CAQH. If you're a facility, or credentialed through a different way, you'll use a joint credentialing form that you can use for all three managed care organizations.

If you're not currently in network with Optum Behavioral Health, you should receive a contracting packet by mid-August. If you feel like you've gotten missed and need to be identified, the behavioral health contact is on the contact sheet in the United brochure that you got today. It's on here as well, but it's the same name and number that's on the contact sheet that's on the brochure. We have more of those if you didn't, if you lost your's or if you didn't pick one up on the way in.

Nursing facilities. A lot of the nursing facilities in Kansas City are already in the United network. If you already are, you'll receive an amendment through Jennifer Everett. It'll be a payment appendix that's been prepopulated with the current room and board rate that the state has told us you're currently

getting paid or is the appropriate rate for you as of Jan. 1. If you're already credentialed, you won't need to do additional credentialing and you will receive an updated regulatory appendix.

If you're not contracted with us, you'll get a contracting packet by mid-August. We're preparing those right now. Can always reach out to Jennifer. Her name and number is on the contact sheet, if you're concerned about that or want to know what the timing is. That will, again, you'll have a base contract which is not real long. I think it's 16 pages or something. It's not a huge document. You'll get a payment appendix prepopulated with your current Medicaid rate that was provided by the state. You get a regulatory appendix. Um, and you'll get a provider disclosure form. And we all know what to do with that. Fill it out and send it back. And then you'll get this joint credentialing form. And if you fill that out, you'll be able to copy it three times. It has all the disclaimers and everything for all three managed care organizations. And then you can just send that same copy of that to each organization with their contracts.

HCBS. So, here where it gets just a tad bit more complicated...so, we're going to walk you through what we're going to do. We have been working really hard to identify all the HCBS providers in the state. So, many of you may have received calls over the last 60 days asking if we could verify your contact information, what waivers that you serve, and what services in what counties you provide services in, so that when we got to this point, the mid-August point, we were able to send out contract packets to all the HCBS providers with the appropriate services indicated. If you haven't been contacted and you're worried, see Carolan or Krista in the back or use the contact sheet to contact the. Their names and numbers and emails are on those contact sheets. So, we'll be getting the contract packets ready. And inside that packet will be a contract, a payment appendix, a joint credentialing form. So, you'll fill out that form again, copy it three times, use it for all three of us, and then the required regulatory appendix for Medicaid.

If you, like I said, if you are worried that you're not on the list, you can catch Carolan or Krista here. You can email Carolan. We do have a dedicated staff of provider advocates for HCBS and nursing facilities. And hopefully by the time we all get through the contracting process, etc., everybody will know everybody, and you guys will know exactly who your contact is. If you've gone through the contracting process and you don't feel like you know exactly who to call when you have a question about United, then you should let us know, let Carolan know because there is somebody that should be assigned to each of you. Okay?

Pharmacies. So, United Healthcare and Optum Rx have a huge presence in Kansas through the Medicare Part D AARP plan. So, the bulk of pharmacies, if not all of them are already contracted with United. So, if you're a pharmacy, you're basically going to get an amendment to your current contract that adds the \$3.40 dispensing fee that's required in the state of Kansas. You get a regulatory appendix and then you're good to go. You have to fill out a disclosure form, of course.

Um, I think we've only identified less than 10 pharmacies in the state, and that's including long term care pharmacies if your nursing home related that aren't in network, so, um, we've contacted most of those people but if for some reason you don't think you're in network, let me know at the end of the meeting.

After we get the contracts and the documents, we will process your credentialing information and then we'll start this lovely load process where we make sure all the providers are in our system and look up and available to members and we'll print our successfully provider directories, so we can make sure all

the members that know their providers are still available. And then we'll give you, return a copy of the executed agreements to you.

Over the next couple of months, we'll be doing provider orientations. Now, we already have a number of provider advocates in the market if you're a physician or hospital you may work with them currently to be Denise some of the folks in the market. If that's the case, you'll continue to work with them. Leslie, I'm blanking on names, Sabrina, there's a number of people in Kansas City that work with United Healthcare with a number of traditional providers. If you're HCBS or nursing facility, we're in the process of scheduling some group orientation meetings for those categories so you'll be able to, if you get your contract and have questions, you'll be able to go to a group education session or you can call your rep individually and get your questions answered quickly. As I said, we have a number of provider advocates already in the state and we'll add an additional nine provider advocates to cover the new provider categories.

And I think that brings me to the end, doesn't it? Yep. So, this is the mailbox you can contact. It's on the contact sheet. If all else fails, you can go to our website www.uhcommunityplan.com. And if you go to that website, it takes you to that mailbox, alright.

Amerigroup

Okay, my name is Adrienne Adams-Brancato. I am a nurse and the director of network development for Amerigroup. I don't like talking to large groups of people so please everyone pray for me that I get through this in one piece.

Um, as a nurse and uh, uh, contractor, I kind of think of myself as speaking tri-uh, uh, trilingual. I can speak patient. I can speak provider. And I understand insurance. And, and something that's really difficult. We won't go into specifics on your contract and how to contract because we need to speak with each one of you to understand all of the services that you provide. So, I won't go into a lot of detail on specifics for contracts. We will need a contract, an app CAQH and a disclosure of ownership. So, that's pretty much our contracting back there.

Okay, who are we? I've got to put my glasses on. Managing health care is more of a passion for us than a business. Amerigroup has been around for about 16 years and we're currently in 13 states operating and Kansas will be our 14th. We are dedicated to serving only the medically underserved seniors and those with disabilities. Next slide.

Again, we're in 13 states currently. Kansas marks our 14th as of Jan. 1, 2013. Next slide.

Um, currently we serve about 2.1 million people in 13 states in the various government-funded programs. And we also provide solutions for these members here. Next slide.

Uh, why Amerigroup? Um, we take a holistic approach and that's something that, as a nurse, I am passionate about. We don't just go after the acute and chronic medically, medical problems, but we also want to include psych, social and spiritual. Um, this is one thing that's really great for us here in Kansas you have these home care and community based services that we haven't seen in a lot of other states that we work with Medicaid in and I think that's a great solution to keeping people in the community and keeping them with their family and helping them meet their needs and not just keeping them in a hospital or a facility where family and friends can't be there to support and assist.

Uh see. We have an emphasis on care coordination and patient-centric approach. Um, but it is you the providers that help us be successful in our previous 13 states. Without you and the collaboration and cooperation we can't be successful in meeting our members' needs. So, we do look to you for innovation, assistance and communication in knowing how best to serve the memberships in the communities that you serve.

Currently we are reaching out to all members and providers to participate in our plan. Again, we're still waiting on the state to finalize contracts and applications. And as soon as we have that we will reach out to you. The window will be very short. The first week of October, we need at least 90 percent of all applications and contracts returned to us so we can meet adequacy for 90 percent of the network. That's a very short timeline, so if you hear me whining in the background one day when I call, please don't take it personally. We want to meet the deadline and get everything in as soon as possible. So, we appreciate your prompt attention and I'm sure the other two managed care organizations would probably appreciate that also.

Um, let's see. Let me go into, before I go into the members' needs. Also, for providers, and speaking specifically towards specialists and primary care physicians, we are using Multiplan Network to assist us. They're currently contracting with the majority of the acute care facilities, the primary care specialists, rural health care facilities, the primary care specialists, rural health care centers and specific ancillary providers. Amerigroup will be contracting directly with long term service and supports providers have QHCs or federally qualified health care centers, IHS services, community mental health centers, skilled nursing facilities, nursing facilities and national ancillaries.

Access to Care is assisting us with non-emergent transportation services. If you provide one of those services, let us know and we'll get you in contact with Access to Care. Ocular Benefits is helping us with the vision benefits as well as some of the medical ophthalmological benefits. And again, some of you I've talked to, if you leave me name and numbers, we'll get you in contact immediately with those. For dental, we are using Scion. And as of yesterday, we were using Univita for DME home health and home infusion, but because so many of your providers are kind of a mix bag of services, we've decided just to go direct with all of you on DME home health services and home infusion because so many of you also provide waiver services and it just makes it easier to do one contract instead of having you try to coordinate between two services. CVS Caremark is going to be our pharmacy benefit manager. And I think that is about it on those services.

Okay, our medical management team has various programs to assist with care. We do employ case managers. We do communicate with community case managers. We are still waiting for some of that final determination from the state regarding some of the TA waiver case managers and we are going to collaborate however the final designation is determined. We have NCQA-accredited disease management programs. They are for asthma, congestive heart failure, COPD, coronary artery disease, diabetes, HIV, AIDS, major depressive disorders and schizophrenia.

We also have other programs that include high risk OB and neonatal programs, hypertension, obesity, bipolar and transplant services.

In addition, we also have several value added benefits and programs that are not currently offered by the state of Kansas and to those members that qualify and participate, the following services will be available from Amerigroup. That is uh, healthy behavior, smoking cessation, Weight Watchers, career development DVDS, hypoallergenic bedding for those with asthma, preventative dental for adults, teeth

whitening, GED prep assistance, healthy relationship counseling, up to \$120 in mail order over the counter, respite care, career development for persons with disabilities, pest control for home owners and transportation to caregivers and community locations for health and wellness activities.

Next slide. Oh, no that's fine. Outcomes. Amerigroup covered more than 63,000 births in 2011. And with an overall premature birth rate of nine percent, which is well below the 12 percent. As you know, one neonatal birth or preemie can tank a family in the million dollar expenses. So, we are really proud of this fact. And again, it's with collaboration with providers in the community as well as providers in the hospitals to see that there's a successful decrease in the premature birth rate.

Our program for asthma has also had a 91.6 percent of medication compliance which is great especially among kids. It's hard to be compliant with your meds. I have two parents who are 86 and 87. Just trying to keep them compliant is a full time job.

Amerigroup was also the first Medicaid MCO to establish a national advisory board to improve health among seniors and people with disabilities. That's the next slide please. Coordination, collaboration and a holistic approach works extremely well with meeting persons with complex needs and disorders. And for that to happen effectively and efficiently, again, we need expertise in assisting us to meet these needs. So, again, we cannot emphasize the need to work with you. Um, I think there's always this mindset that managed care is going to tell you how to do the care. In fact, we need that two-way communication. You're seeing a lot of these patients first-hand in the community. You know them. You know their nuances. It's that feedback that we need so we can work together to make their needs met quickly, effectively and efficiently.

Um, a coordinated managed care delivery provides, next slide, navigation, emphasis on community based services, emphasis on primary care, emphasis on prevention rather than inpatient emergency services and promotes service coordination...and collaborate care for medical episodes, so do we strive for excellence in that collaboration.

And care coordination for those that require behavioral care is no exception. In fact, it's really a double-edged sword. Because many of these folks that have behavioral disorders also have medical disorders. Which came first, the behavioral or medical? It's always a gamut. It's always a balancing act.

Last slide. Um, Amerigroup foundation, um, was developed in 2001, and supports nonprofit and community based organizations and the communities that we serve. And we would love to hear from you of any of these organizations that would like information or would like to participate. And if you go out to Amerigroup.com and you go to the provider section. You can click on that tab. If you roll or scroll down, you'll see a button specifically for Kansas and there is also an application there if you'd like us to help you with supporting a community based need. There's an application where you can submit and we'll get back with you as quickly as possible for those um, for those services.

We also hire all staff members within our communities that we serve, and if you know somebody or have an idea of people that would like to get some employment, we have information back there where we would like to entertain a resume and look over. We are currently going to have our main office in Overland Park, but we have multiple satellite offices and may of our employees will work from a home base because they're out in the field most of the day. And that concludes my overview of Amerigroup.

Sunflower State Health Plan

My name's Ken Cerneka with Sunflower State Health Plan. The good news is, like you just heard this is the last presentation and then just a Q and A and then everybody's out of here. So, I'll try to keep you awake for the next 15 minutes or so.

Um, unlike some of the folks, some of the MCOs here, we're going to be a relatively new name to you, so, what I hope to do is tell you a little bit about Sunflower, who we are and why we think we're different.

So, uh, I think the key point here is we were established in 1984, so, excuse me, we've been doing this for 28, 28 years. So, I think this slide really goes to our strengths and the longevity of the organization. It's also important to note for those 28 years we've been focused solely on what we would call state-sponsored business. So, we've been operating Medicaid plans of different natures and across the country, going back to 1984.

Go ahead. Uh, right here you can see our footprint. Um, we've got plans across the country. What you really can't see here and this is going to be a common theme, I'll probably wear you out with this, on the top line, um, those are the names of the plans. So, we're actually a wholly-owned subsidiary of Centene Corporation. None of these plans are called Centene. They're all locally branded because we take a very local approach to how we're going to deliver our services. So, in Illinois, we're called IlliniCare Plan. In Georgia we're called Peach State Health Plan. In Mississippi, it's Magnolia State Health Plan. Here we're referred to as Sunflower State Health Plan.

Some of our core philosophies, um, we recognize again, that the delivery of health care is local. So, we want to make sure we're creating our program taking into account that local approach. So, we have um, um, a local approach in terms of how we're going to staff. We're going to bring in leadership that's local. We're going to bring in staff that's local. And I'll talk a little bit more about that shortly.

We also, in our care coordination support the medical home. We see our role as being there to engage and to enhance the communication and the coordination of services. So, we know we're not providing the services, but we want to make sure the services are getting provided, that our members have access to the services and that they're being coordinated in an integrated fashion.

We're going to drive our quality performance using HEDIS matrix. I think a lot of us do that. It's a good benchmarking and tool mechanism.

And then finally, we promote the integration of services. So, that could be anything from integrating our behavioral health with our physical health or integrating our physical health services with the Home and Community Based Services. So, again, it's a holistic integrated approach...

You all can read, so I won't go through the list for you. I'll just pick out a couple. The first is our CentAccount program. I'm sorry, sorry. First one's our CentAccount program, um, which I'll talk a little more about. We have some member incentives to encourage healthy behaviors. Um, the second one up there is our Connections Plus. You heard a little bit about this from one of the other managed care organizations, but this is a situation where members that are identified as high risk that are in our care coordination team model, and they don't have a reliable means of communication, we provide them with a cell phone. Cell phone's limited. They can't call anybody they want. They can call their doctor. They can call 911. They can call our nurse line. They can call the care management team. They can call their pharmacy. Um, but it's also an effective tool for us to call them, remind them of appointments, tell

them you're going to be picked up tomorrow by such and such transportation at 10 a.m., make sure they're ready and they're not missing their appointments. We can also do that using the text options. So, it's an effective tool for us to communicate with those, with those providers.

This is another one of what we perceive as a value add. It's our Start Smart for Your Baby program. And this is a pregnant mom and newborn education essentially. I don't want to call it disease management, because pregnancy's not a disease, but it's a program designed like that around pregnancies and deliveries. Maybe some people think it is. I don't. and again, I won't go through the whole slide. I think the important points here. You can look at the graphs on the right. You can see that we, we, where we've used this program, we've seen an increase in the timeliness of prenatal care to the pregnant moms. Uh, we've also seen a reduction in the percent of low birth weight babies. So, these are obviously great outcomes. And finally, we also have a 17-P program, which is a drug used to help defer deliveries for mothers that are at risk for early deliveries. And we've seen a reduction in percentage of premature deliveries for the moms we had on 17-P relative to a control group. So, at the end of the day, for Sunflower, these are the types of programs we think um, are how we impact the delivery and the quality and the cost of health care.

Here's the CentAccount program I mentioned. You can see, it's a debit card. Again, members practice healthy behaviors, bringing their kids in for their immunizations, getting their annual well exams, there's prenatal exams, things of that nature. We'll put small amounts of money on the card. It's somewhere between \$5 and \$25. There's an annual limit, so they're not going to get rich on this, but it is a valuable benefit and they could use the card, like you would an FSA card. You can purchase health care related services. So, you're going to be able to use it at your Walgreens to buy health care related stuff. Some circumstances we've used it for new moms to buy diapers. Folks that may need access to public transportation, we've opened it up to allow them to purchase public transportation as well. But again, at the bottom of the page here you can see some specific examples of where we've seen notable improvements in some of our quality indicators as a result of this program.

This is our website. You can go again Dave. Everybody's got a website. Just giving you a quick shot of it. This is our member website. A member can get on access their health record, look at what health services. They can also look at their CentAccount and see what's out there. They're also able to look at see what we would call a care gap, if they're due for an annual exam or if they're due for an immunization, they would see what out there, what's out there that they're due for.

And then our provider website. We believe we've got a number of resources and tools that will be helpful to all of you. Among other things, you can check member eligibility, I mentioned that previously. We also have a tool, we do have prior authorizations. We don't like to think, we don't have a lot, but we do have them. Um, there is a tool where you can go out to the website, you can put a CPT code or a code in and it will tell you if it requires an authorization or not. So, it's a really easy tool to use and you don't have to open up the manual and try to remember what page that's on. So, we've gotten a lot of good feedback from providers on that. You can submit prior auth requests, review your patient lists, view and adjust claims, view payment histories as well. So, again, a resourceful tool.

So, starting to get to the summary. Um, why Sunflower State? I think some of the keys for us are timely and accurate claims payment. Um, I've been with the organization for eight years, and for as long as I can remember, we've been operating where we turnaround or adjudicate claims, and on average, under eight days. So, that's paper or electronic, clean or unclear. On average, they're out the door in eight days. And that's continued through, I even showed you the chart where in the last six years, we've

turned on eight new health plans which means new members, lots of new members, lots of new claims, lots of new providers. And we've continued to maintain those turnaround time averages.

We'll have our, our resources will be local and dedicated, our care management processes. The participation on the committees and boards, um, and again our member education outreach and support programs. Really, what they're trying to do is support physician-directed services. They're trying to make sure the members are getting what they and what the physician have determined that they need.

And just a couple quick notes on prior auths. We do have them, a few services. We like to think we only have them on things we truly believe um, by getting that prior authorization we can influence or impact how the patient care is delivered. Um, when we're tracking our patients we use InterQual criteria, which is a national standard. So, it's standardized. It's not something we've made up. And then finally, you've got the ability to call in a prior authorization over the phone. You can do it via fax. You can also do it through our website.

Uh, and this is an important note. We are working with a local PPO, Preferred Provider Organization, called ProviDRs Care. ProviDRs Care is based out of Wichita. They have a statewide network of providers. Um, and um, they're locally owned and operated. They're actually affiliated with a medical society in Sedgwick County in Wichita. Um, and we liked the fact that they were physician owned and physician driven. They're partnering with us to help build our provider network. So, if any of you in the room are ProviDRs Care participants, the good news is, instead of having to read our long agreement and, it's not that long, and filling out all the credentialing applications, you would get a shorter addendum from ProviDRs care and they've already credentialed you so we would not have to go through the credentialing process. So, from our perspective, either path is acceptable. It's whatever is easier for you the provider, um, to get through this process.

So, what's to come, I think you've kind of heard it from the other organizations. We're all in the same boat. We're, we're pretty close to where we'll have fully approved and ready to go out contracts and as soon as we do, and if you previously executed LOI with us...currently participate in the Health Wave 21 program with Cenpatico. Cenpatico is our behavioral health provider. You would get an addendum from them to add the KanCare program and participate in that. If you haven't historically participated in Health Wave 21, you would get a full agreement from them to participate in the KanCare program.

And over the next couple months, you're going to continue to hear from our folks on the phone and our teams in the field who are going to be outreaching. Um, you know, we're here today too, so, if you have any specific questions, we welcome them. And we'll try to answer them. And if you want to set up an appointment, an engagement, we'll take care of that as well.

So, um, last slide Dave. Quickly. It's kind of hard to read the number, but it's in the bags, packets we gave you. 877-644-4623. There's folks, live folks on the phone there answering it. And then our website, which is www.sunflowerstatehealth.com. So, thank you all very much. And like I said, if you've got any questions, we'll be here after the meeting.