



SilverSummit Health Plan

February 14, 2017

Agenda



- Centene Corporation Overview
- SilverSummit Health Plan Overview of Operations in Nevada
- Implementation Approach
- Open Enrollment Marketing Strategy

Centene Corporation Overview

Centene Overview



WHO WE ARE



St. Louis

based company founded in Wisconsin in 1984

28,000 employees

#186

on the Fortune 500 list

#4

Fortune's Fastest Growing Companies (2015)

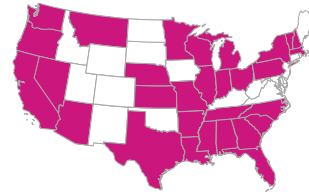
\$39.0 – 39.8 billion

expected revenue for 2016

\$7.8 billion

in cash and investments

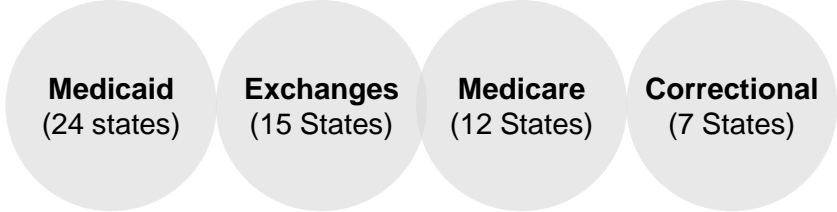
WHAT WE DO



27 states

(including NV)

with government sponsored healthcare programs & implementations



2 international markets

11.5 million members

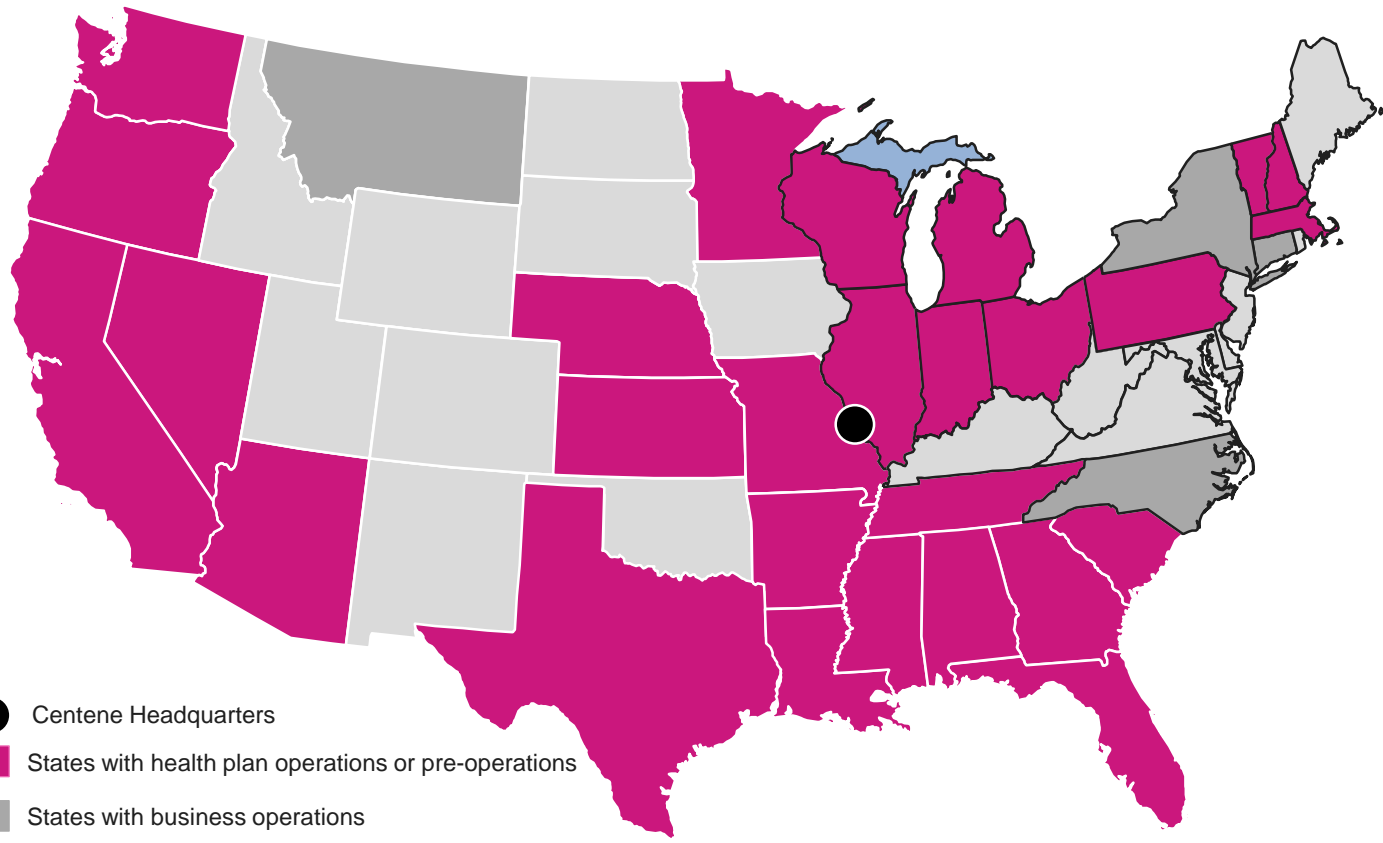
260+ Product / Market Solutions

Footprint and Membership



Current Membership

Arizona	607,000
Arkansas	50,700
California	3,125,400
Florida	660,800
Georgia	495,500
Illinois	239,100
Indiana	290,300
Kansas	141,100
Louisiana	381,200
Massachusetts	52,400
Michigan	2,600
Minnesota	9,500
Mississippi	328,300
Missouri	100,000
Nebraska	N/A
New Hampshire	81,500
Ohio	314,000
Oregon	209,000
Pennsylvania	N/A
South Carolina	107,700
Tennessee	20,100
Texas	1,036,700
Vermont	1,500
Washington	226,500
Wisconsin	78,400
TRICARE North	2,819,700



- Centene Headquarters
- States with health plan operations or pre-operations
- States with business operations
- TRICARE North Region

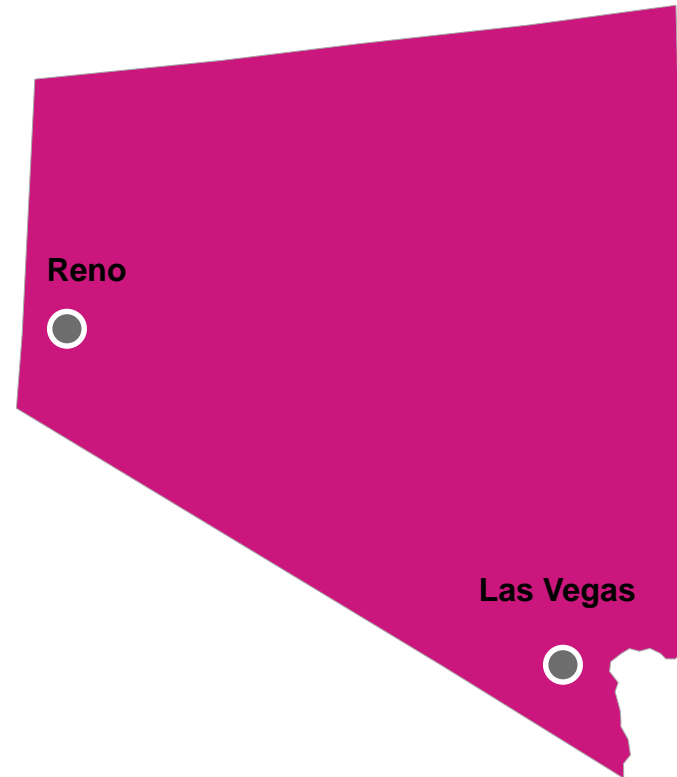
Notes:
 • Nebraska and expected to commence January 1, 2017

SilverSummit Health Plan

Site Locations

Core areas of staffing to be reflected in award zones:

- Administration
- Medical Management
- Quality Management/Quality Improvement
- Member and Provider Services
- Grievance and Appeals
- Claims Administration
- Operations
- Government Relations
- Finance

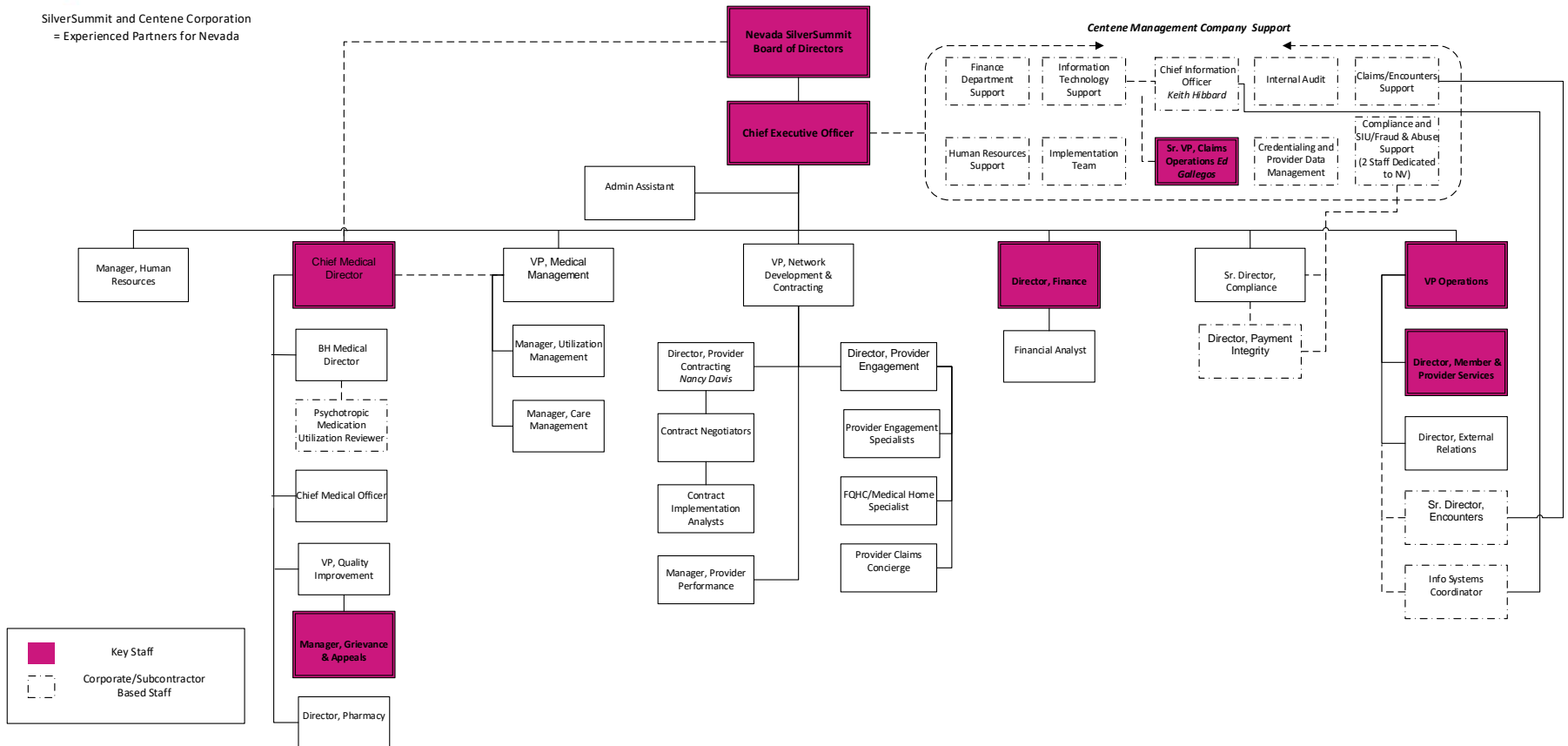


Local Operations



SilverSummit and Centene Corporation
= Experienced Partners for Nevada

SilverSummit Organizational Chart



Key Staff
 Corporate/Subcontractor Based Staff

Our Philosophy



LOCAL APPROACH & JOB CREATION

Centene's core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our care coordination model utilizes integrated programs that can only be delivered effectively by a local staff, resulting in meaningful job creation within the communities we serve.



CARE COORDINATION

Our proprietary care management programs promote a medical home for each member and enable Centene to partner with its trusted providers to ensure members receive the right care, in the right place, at the right time.



HEALTHCARE COMPLIANCE

State and Healthcare Effectiveness Data and Information Set (HEDIS) reporting constitutes the core of the information base that drives our clinical quality performance efforts. This reporting is monitored by Plan Quality Improvement Committees and our corporate medical management team.



CULTURAL SENSITIVITY

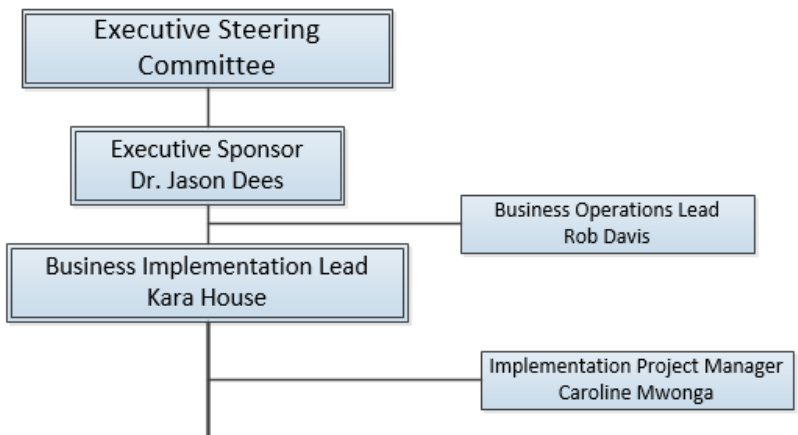
We successfully coordinate care for our diverse membership by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.

Implementation Organization Structure



New Health Plan Project Structure			
Project:	SilverSummit Health Plan		
Created:	11/1/16	Updated:	12/16/16

Goals
 Consistent management structure across products
 Single points of accountability for execution
 Consistent forum for communication & feedback



Cross Functional Leads

Specialty Companies/ Vendors	Network/ Provider Engagement Adrienne Adams- Brancato	Claims/Config Operations Nancy Evers/ Amy Hartman/ Bob Cadigan	Member/ Provider Solutions Shari Rothwell	Medical Management Jennifer Clark	Quality Improvement Mary Kay Jones	Encounters Jeanne Lenears/ Penny Brocksmith	IT Rob Duchild/ Heidi Nueman	Finance Andrew Unland	Compliance Marcia Albridge	Facilities Mike Bohm
Human Resources/ Training	-Contracting	-Claims Operations -Benefit Configuration -Contract Configuration -Provider Setup -Provider credentialing	-IVR/CRM Setup -Enrollment -Member/ Provider secure portals -Find-A- Provider -EOB/EOP -Call Center Strategy	- Care Mgmt - Disease Mgmt - Behavioral Health - Utilization Mgmt - Clinical appeals - Call center - Innovative Programs - Predictive Modeling	- Monitoring quality of care & service - Performance Improvement -Appeals and Grievances	- Monitoring quality of care & service - Performance Improvement -Appeals and Grievances	-Systems setup	-Capitation -Budgeting -Financial reporting	-Contract Compliance -Compliance reporting -Vendor oversight	- Real Estate - Facilities
Marketing / Communicati ons	-Provider education -Provider resources -National contracts									
Internal Audit										

CORPORATE IMPLEMENTATION TEAM

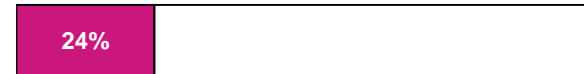
- Develops and drives overall implementation strategy timeline in alignment with local market and implementation leads
- Provides tools, guidance and methodology to support local market implementation
- Provides SME, technical support, backfill gaps for local market Integrated / cross functional team as needed
- Acts as Primary accountability for Facilities and IT Go Live Support
- Primary contact / interface with state agency until Health Plan Lead Established
- Primary accountability for: network development, PDM/credentialing, vendor selection, staffing, training, P&P / workflow, care management model / delivery, configuration, reporting

The Integrated Leads act as the Functional Area Health Plan Business Owners until the NV Leadership Counterpart is hired, and on boarding is complete.

Implementation Status



22 24%
69 76%



SilverSummit Healthplan Implementation (7/1/17 Go-Live)
Summary Dashboard
Project End Date: TBD

1/26/2017

ID #	Total # Tasks	Total # Open Items	At Risk	Monitor	On Schedule	Complete	% Complete
Pre-Implementation Milestones / Key Activities	5	0	0	0	0	5	100%
Implementation Milestones	28	25	0	1	21	4	11%
DHCFP	7	6	1	0	5	1	14%
Business Implementation	20	12	0	0	11	9	40%
HR/Facilities	5	4	0	0	4	1	20%
Member	8	7	0	0	7	1	13%
Provider	10	8	0	0	7	3	20%
Systems/Claims/Eligibility&Enrollment	8	7	0	0	8	0	13%
	91	69	1	1	63	24	24%

Open Enrollment Marketing Strategy

OE Strategy



Establish Strong Provider Relationships

- Provide staff education information
- Provide offices with member-facing material
- Co-brand opportunities with key provider partners

Member Awareness & Engagement

- Mass media
- Online presence
- Direct to consumer
- Provider partnership
- Community outreach

Meet Objectives

Through

Multiple Outreach Efforts

With

Several Audiences

OE Deployment

Mass Media / Online Presence

- Out-of-home
- TV
- Radio
- Digital/Search
- Print

Direct to Consumer

- Direct mail
- Email

Provider Partnership

- Educate office staff on enrollment timing/process
- Educate office staff on our plan
- Co-branded mass media opportunities

Community Outreach

- Community events
- Partnership with community groups to create special events

NOTES:

- *The following tactic slides provide examples of material, all material is being provided via individual documents as part of the submission*
- *Final material will be compliant with the 1557 federal regulation regarding non-discrimination and language information*
- *This includes tactics we may use, final determination based on resources*