

MHS Mid-Year Update

MHS has started 2017 strong by adding new members, new programs and new benefits. A few highlights from the year so far:

- In April, our fellow managed care entity (MCE) MDwise exited the Hoosier Care Connect (HCC) market. As a result, approximately 13,000 Hoosier Care Connect members transferred to MHS and joined our strong HCC program. MHS offers individualized care coordination services to all of our HCC members, and we look forward to working with this new population to help them stay healthy. Our member services and provider relations teams worked extremely hard to make the transition to MHS as seamless as possible for our new members and our providers.
- MHS also witnessed a large increase in our Ambetter from MHS membership this year. Ambetter is our marketplace insurance product, offered in 32 counties across the state. Our Ambetter membership more than doubled, to about 50,000 current members.
- All Healthy Indiana Plan (HIP) members now have access to free transportation through MHS. We offer unlimited ride services to and from doctor appointments, to the pharmacy after a doctor visit, to Medicaid re-enrollment visits and to MHS member events. In the past this service was only offered to Hoosier Healthwise and Hoosier Care Connect members, but we never want transportation to be a barrier to getting needed care. We are proud to expand this service to all of our members.
- We're working on new programs to encourage members to POWER Up to HIP Plus, and to make the Health Needs Screening easier to complete. Read on for more information about these programs.

As always, we could not improve the health and lives of our members without the ongoing support of our community partners. Thank you for all you do for our members.



Kevin O'Toole MHS President & CEO



POWER Up

MHS wants all HIP members to "POWER Up to HIP Plus." This means paying their monthly POWER Account contribution so they receive HIP Plus benefits, instead of HIP Basic.

Why is this so important?

Our HIP Plus members are twice as likely to be engaged in their health care as HIP Basic members!

They also:

- Are more likely to go to primary care visits (31 percent vs. 16 percent for Basic)
- Are more likely to get preventive care services (64 percent vs. 45 percent for Basic)
- Use the Emergency Room less (776 visits per 1,000 members per year vs. 1,034 visits per 1,000 members per year for Basic)
- Are more likely to adhere to drug regimens (84 percent vs. 67 percent for Basic)
- Miss fewer appointments (18 percent vs. 23 percent for Basic)



HIP Plus members also have access to more benefits — including dental and vision without copays. Their only cost sharing is a low, predictable monthly payment. For MHS members who are HIP Plus, the average POWER Account payment is about \$16 per month.

In short, HIP Plus provides better health outcomes at lower costs. That's why MHS is doing ongoing outreach to members who could POWER Up.

All conditionally eligible, Hospital Presumptively Eligible and Potentially Plus members receive:

- A welcome letter with an invoice explaining the benefits of Plus, payment due dates and how they can make a payment
- A series of emails explaining the benefits of Plus and how they can make a payment.
- An SMS text message payment reminder encouraging them to make a payment (if they've opted in to text messages)
- A payment reminder letter with invoice encouraging them to make a payment
- Payment reminder phone calls encouraging them to make a payment

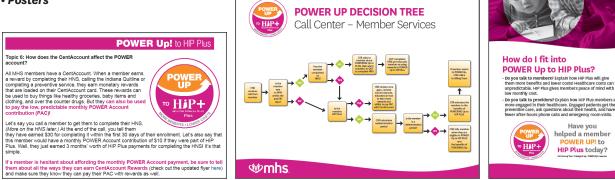


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And we give employees resources to help members POWER Up, including:

- Role-specific decision trees
- Weekly educational messages
- Bi-weekly status updates
- Posters

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If community partners are interested in receiving POWER Up posters, please email communications@mhsindiana.com.



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Health Needs Screening

Did you know that all members need to complete a Health Needs Screening when they join MHS?



This is a 60+ question assessment known as the HNS. We ask new members to take this within the first 90 days of becoming eligible. It helps us identify members who may need case management or who may qualify for additional services or benefits.

Members can complete the survey in several different ways:

- Our public website mhsindiana.com
- Secure Member Portal
- Over the phone with a Member Services representative
- With a member of the Medical Management team
- With one of the MemberConnections representatives
- Through the My MHS mobile app
- At a Pursuant Health kiosk in Walmart stores

We let them know about the survey through several avenues. That includes information given in their welcome packets, during outbound welcome calls, in social media campaigns, during inbound calls with Member Services representatives and many other times.

We also incentivize members to complete their HNS. If they complete it within 30 days of becoming a member, they will receive \$30 in CentAccount rewards, which they then can use to buy healthy groceries or personal care items at participating stores. If they complete it within 90 days, we'll give them \$10 in rewards. HIP Plus members also can use those rewards to pay their monthly POWER Account contributions!

Now, we have a new partnership with Pursuant Health that will make taking the HNS even more convenient. Pursuant is a company that has kiosks at every Wal-Mart pharmacy, allowing us to meet our members where they are. Members can take their CentAccount card to any Walmart, scan their card at the Pursuant kiosk, complete their HNS, and have their CentAccount rewards added to their card instantly.

The more we know about our member's health, the more we can do to get them the care and services they need.

MHS Adding Medicare in 2018

Big news for MHS - we're adding Medicare to our programs in 2018. Our team is currently working to prepare for the launch of Allwell from MHS, our Medicare Advantage product that's set to hit the market next year.

We've identified seven counties — Allen, Elkhart, Hamilton, Howard, Marion, St. Joseph and Vanderburgh — as our initial coverage areas, and are already building strong provider networks in those counties. Stay tuned for more information later this year about Allwell.

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