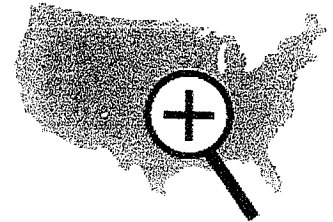




people
commitment
results

Health Plans

While Centene is a national company with corporate offices in St. Louis, Missouri, its local approach to managing health plans enables it to provide accessible, high quality, culturally sensitive healthcare services to its members.



Additionally, this local approach allows Medicaid recipients, providers and state regulators direct access to the local health plan where its officers and staff are available and accountable.

Centene combines its local approach with centralized finance, information systems, claims processing and medical management support functions.



Arizona
Bridgeway Health Solutions



Florida
Sunshine State Health Plan



Georgia
Peach State Health Plan



Indiana
Managed Health Services



Massachusetts
CeltiCare Health Plan



Mississippi
Magnolia Health Plan



Ohio
Buckeye Community Health Plan



South Carolina
Absolute Total Care



Texas
Superior HealthPlan



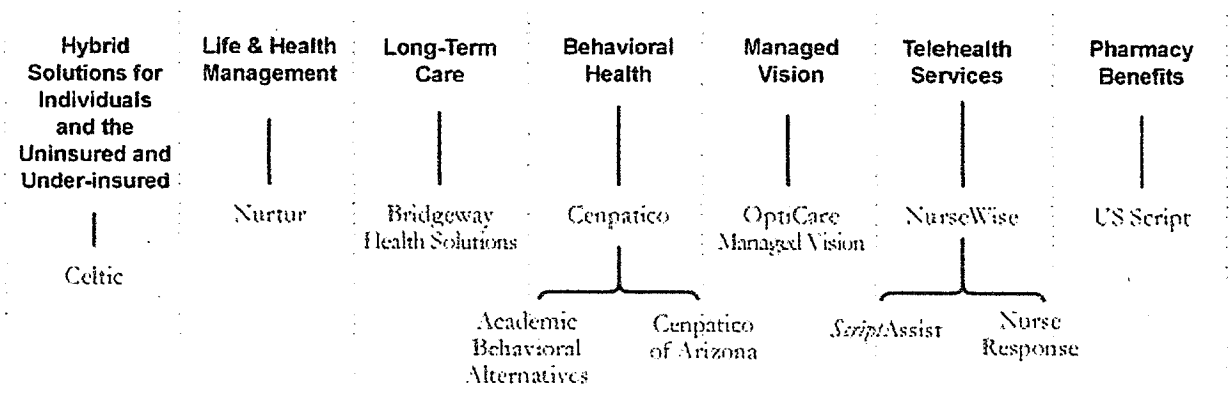
Wisconsin
Managed Health Services



people
commitment
results

Specialty Companies

Centene strives to provide specialized health solutions to the complex problems faced by state governments and patients. We offer a unique suite of programs and services which, alone or combined, deliver improved outcomes, reliable data, and cost-effective coordinated care.



Long Term Care Solutions

Centene Corporation possesses over 25 years of experience in full-risk Medicaid managed care programs. Centene is a fiscally sound organization, with over \$4.3 billion in annual revenue, whose financial reports are publicly available on www.centene.com. Centene currently serves 1.2 million TANF, SCHIP, ABD, Long Term Care and Foster Care members in full-risk managed care programs in nine states: Arizona, Florida, Georgia, Indiana, Ohio, Mississippi, South Carolina, Texas and Wisconsin. In addition to operating locally-based health plans in the states we serve, Centene offers a full range of healthcare solutions for the rising number of uninsured Americans. We also contract with healthcare organizations to provide specialty services such as behavioral health, life and health management, managed vision, telehealth, pharmacy benefits management and medication adherence.

Centene currently operates managed long term care programs in Arizona and Texas. In Arizona, long term care services have been managed on a full-risk basis since 1988. In October 2006, Bridgeway Health Solutions, a Centene subsidiary, began serving Arizona's long term care population. The program has decreased nursing facility placement from 63% to 38% and has 93% customer satisfaction. In Texas, long term care services have been managed on a full-risk basis since 1998. In 2007, Superior HealthPlan, a Centene subsidiary, began serving over 11,800 of Texas' long term care population and currently serves over 34,800 enrollees. The program has generated 8% cost savings, 25% diversion from nursing facilities into home and community based settings and has a 90% customer satisfaction rating.

The state of Kansas could benefit from the improved health outcomes, quality of care and savings that would be achieved through a full-risk long term care program. The proposed program would include individuals who require a nursing facility level of care. Those who are appropriately served in a nursing facility will receive medical management to ensure the proper level of care is being provided. Those individuals who have the desire and ability to be in a home and community based setting will receive the services and support they need to do so.

Long Term Care Program Objectives

- Promote choice for consumers by providing the option of community living as an alternate to nursing home placement.
- Enable the transition of people in nursing homes back into the community.
- Ensure that triggers to institutionalization are eliminated.
- Address barriers to care that serve to reduce emergency room and inpatient costs.
- Create a financially sustainable approach to rebalancing long term care costs from "Nursing Facility" to "Home and Community Based Alternatives".

Features of Managed Care

- Budget certainty with savings beginning at the inception of the program
- Competitive procurement
- Integrated care across the spectrum of services
- 24/7 access to Care Coordination
- Flexibility to quickly deliver appropriate services
- Sophisticated Information Technology Systems and Tools
- Accountability for Quality of Care, Timely Reimbursement Processes, and Consumer Inclusions through contractual requirements

Arizona Long Term Care System (ALTCS)

Eligibility

- All recipients determined financially and functionally eligible for Medicaid Nursing Home placement.
- Determination is made by independent state agency personnel.

Benefit Package

- All acute medical, institutional, behavioral health, home and community based services including Medicare related copays and deductibles.

Managed Care Responsibilities

- All consumers receive a Case Manager who must make contact and arrange services within 5 days of enrollment.
- Consumers have 24/7 access to assistance.
- Establishment of locally based Consumer, Provider, and Advocate Councils that monitor performance and processes.
- Quality and performance measures are established in contract and subject to sanctions.

Provider Networks

- Access standards are established and enforced by contract.
- 30 day clean claim requirements.
- Minimum rate levels for HCBS and Nursing Home providers are included in the Managed Care Capitation with rate changes established by State Agency.

Managed Care Capitation

- Target mix of home-based and institutional placements establishes base rate.
- Rates are promulgated each year based on consumer mix, Managed Care Entity financials and encounter data.