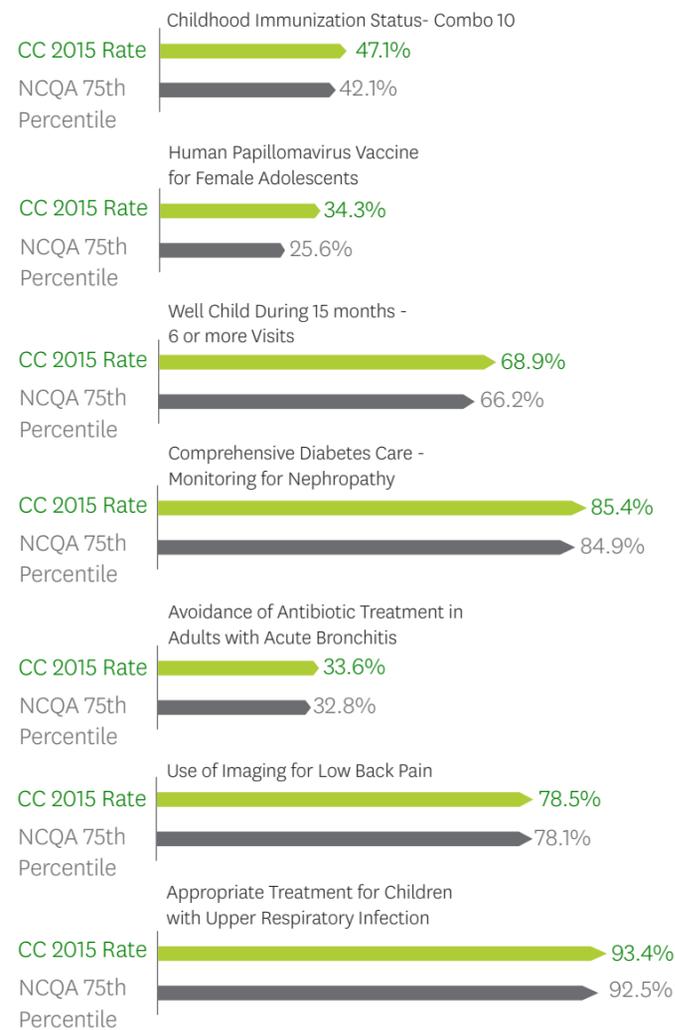


Quality Results

Our members benefit from preventive healthcare visits that address physical, emotional and social aspects of their health. Coordinated Care implements many initiatives for our members throughout the year to increase Healthcare Effectiveness Data and Information Set scores and to reach state (HCA) benchmarks and National Committee for Quality Assurance 75th Percentiles.

Well Visits First 15 months	Well Visits 3-6 years	Adolescent Well Visits
CY 2013 43.1%	CY 2013 67.4%	CY 2013 38.2%
CY 2014 60.6%	CY 2014 66.8%	CY 2014 38.0%
CY 2015 68.9%	CY 2015 64.4%	CY 2015 38.9%

Coordinated Care has met or exceeded NCQA 75th percentile for the following HEDIS measures:



Success Story

Coordinated Care started working with a 40-year-old Hispanic member, who was a single dad raising two children on his own. He had been diagnosed with insulin-dependent diabetes and neuropathy. When the member started working with his Care Coordinator to establish long and short term goals surrounding weight loss, he was determined to make big changes in his life.

Over the last four months, the member has lost 15 pounds. He is riding his bike every weekend with his children and used his CentAccount Rewards (Coordinated Care's incentive program) to buy himself and his children helmets.

The member's A1c continues to decrease. He has been making healthier food choices, such as eating salads and more fruits and vegetables. The member shared that he is happy with the Health Home program and sees success with his health needs with someone helping him along the way.

During the last home visit, the member's daughter thanked the Care Coordinator for "helping her daddy." She is happy to be riding her bike with him on the weekends and cooking meals for them at home.

"It's amazing how my insurance company is so compassionate about my health and wants the best for me. Thank you," the member said.



 coordinated care™

2016

REPORT CARD

Coordinated Care | Washington

Physician Summit Award Program

Coordinated Care recognized one physician as part of its annual Physician Summit Award program. The program acknowledges the extraordinary efforts these physicians make to provide quality care and clinical excellence to Coordinated Care members.

The Physician Summit Award honorees are Primary Care Physicians (PCP) who, compared to their peers, have demonstrated exemplary performance in the following areas: routine preventative and well-care services and establishing a medical home for new enrollees. They receive an engraved crystal award and a catered lunch for their office staff. In addition, they are recognized on Coordinated Care's website, as well as in provider newsletter and other materials.

Coordinated Care would like to congratulate the following 2016 Physician Summit Award Winner:

Kimo Hirayama, MD

International Community Health Services, Shoreline Clinic

Member Services

AVERAGE CALLS PER MONTH

July 1, 2015 - June 30, 2016

Medicaid

Average Number of calls per month: 17,565

Timeliness of Calls Answered | 87.2%
Goal | 80.0%

Calls Abandoned | 1.2%
Goal | Less than 3.0%

Ambetter

Average Number of calls per month: 10,266

Timeliness of Calls Answered | 90.4%
Goal | 80.0%

Calls Abandoned | 2.1%
Goal | Less than 5.0%

Foster Care

Average Number of calls per month: 1,265

Timeliness of Calls Answered | 81.4%
Goal | 80.0%

Calls Abandoned | 1.7%
Goal | Less than 3.0%

Call Statistics - Medicaid



Call Statistics - Ambetter



Call Statistics - Foster Care



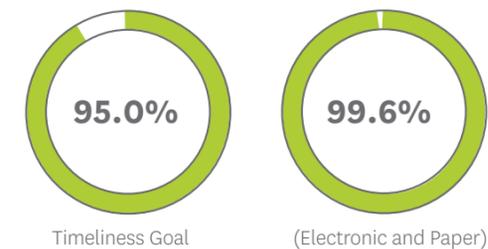
Claims Payment

Claims Paid in 30 Days (Electronic and Paper) | 99.6%
Goal | 95.0%

EDI Claims vs Paper Receipt | EDI = 96.8%, Paper = 2.9%,
Web = 0.3%

Electronic = 97.1%, Paper 2.9%

Claims Payment within 30 Days



At a Glance

Services Offered | Medicaid, Foster Care, Ambetter (Exchange)

Number of Employees | 344

First Year of Operations | 2012

Number of Providers | 19,795

Number of Hospitals | 81

Number of Members | 236,388

Number of Counties Served | Statewide

Innovative Programs



TECHNOLOGY FOR BETTER HEALTHCARE

Centene Corporation, our parent company, uses technology to improve care coordination, eliminate redundancy and reduce errors. Our state-of-the-art systems provide members, healthcare providers and caregivers secure access to health information and treatment history, including prescription drug use, immunization history, reported allergies, past doctor visits, behavioral health history, laboratory tests and vital signs.



PERSONAL MEMBER OUTREACH AND SUPPORT

Through MemberConnections® and other outreach programs, representatives visit members where they live and work to guide them through the complex healthcare system and get them the community resources they need.



HELPING MOTHERS AND THEIR BABIES

Start Smart for Your Baby® is an extensive, award-winning education, care management and outreach program for pregnant members, new moms and their babies – helping to lower the risks of premature births and admissions to neonatal intensive care units. An off-shoot of this initiative is the KickStart Program. This is an Obstetrical and Behavioral Health CM program for Members with SUD/ High Risk Pregnancies. The purpose is to identify perinatal members with substance use issues, provide them with coordinated care involving both OB Case Management and Behavioral Health Case Management; and connect them as early as possible in their pregnancy with the appropriate providers to meet their medical and behavioral health needs.



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