



the Heart of SCAN

2011 Report to Our Communities

○ The SCAN Mission

SCAN will become one of the leading geriatric-focused health management enterprises in each of the markets in which we operate. Its mission is to continue to find innovative ways to enhance seniors' ability to manage their health and to continue to control where and how they live.



○ The SCAN Vision

We will achieve this mission by developing partnerships that allow us to deliver the right healthcare, in the right setting, and at the right cost while maximizing seniors' ability to remain independent.



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Getting to the Heart of SCAN

In May 2011 I was afforded the privilege of being named president and chief executive officer of SCAN Health Plan. As a long-time Long Beach resident who has served the past quarter century in the healthcare industry, I've watched the growth of SCAN through the years and have admired how their commitment has always remained on their members and how their compass has always pointed to their mission.

Now as part of the SCAN team, I see firsthand what has made—and will continue to make—SCAN so special. In a word, it is "heart." SCAN employees demonstrate the heart of SCAN every day. It is reflected in the way we put members first and take the time to truly understand each member's individual needs. It's in the way we treat others with respect—not only members, but also our provider network, business partners and the more than 1,100 employees who come to work every day wanting to do the right thing. It's the reason why, after 35 years, SCAN remains focused on the fundamental mission of improving the health and independence of those who have put their trust in the company. It is a trust we take very seriously and will never take for granted.

Profiled throughout the pages of this report are some of the programs and services SCAN provides that are making a positive difference in people's lives. We also hope that they are serving to set the standard of what a senior-focused health plan can do and the impact such a plan can have if it dedicates itself to that task. In this era of continued erosion of public trust and confusion about what the future of healthcare will bring, we are working every day to show that such old-fashioned concepts as honesty, promise keeping and loyalty still have currency, even in a changing world.

The past year was a time of tremendous challenge and change in the healthcare industry and all indications are that healthcare will again dominate the headlines in 2012. We believe that SCAN is well-positioned for these challenges and will be able to respond to marketplace changes in ways that will make us an even stronger, more competitive organization that understands its role in the community and remains true to its uncompromising mission.

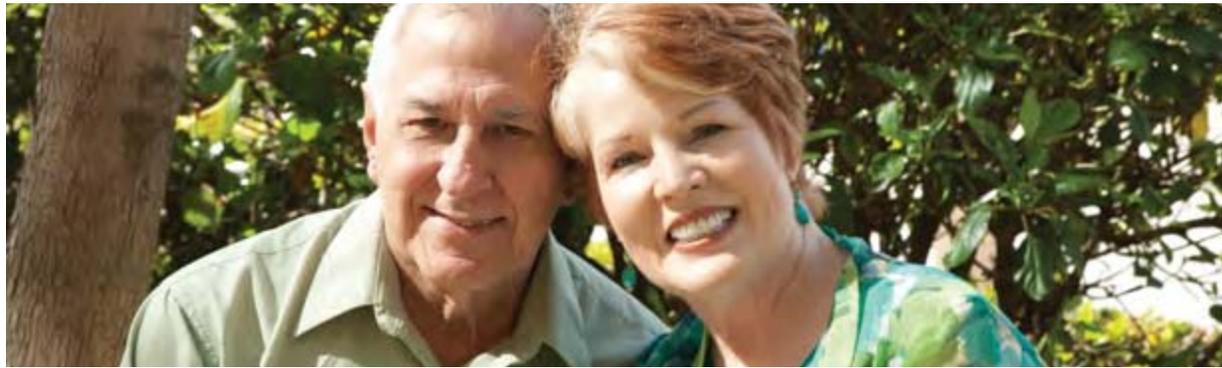
We aim to be the best at what we do, at bringing together the programs, systems and people that enable us to make a positive difference in the lives of those we serve. That's why we're here—it's why we exist. Member satisfaction matters. It's at the heart of everything we do.



Chris Wing
President and Chief Executive Officer



"We aim to be the best at what we do, at bringing together the programs, systems and people that will allow us to continue to make a positive difference in the lives of those we serve."

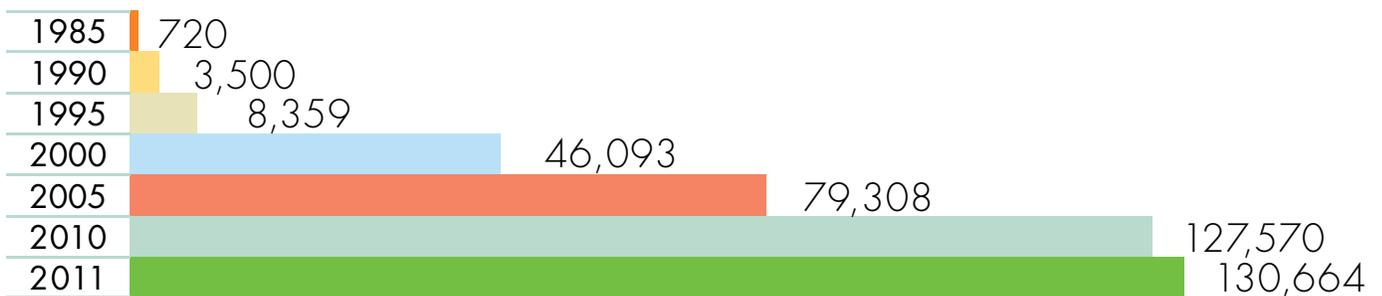


35 Years of SCAN

From Grassroots to National Voice

SCAN Health Plan (SCAN) was founded in 1977 by a group of Long Beach senior citizen activists who were frustrated with the lack of access to appropriate health care services and were determined to remain as independent in their communities as possible. Together with a group of experts in medicine, gerontology, psychology and social services, these seniors formed a grassroots organization called Senior Care Action Network, now known as SCAN Health Plan. Today, SCAN is the fourth largest not-for-profit Medicare Advantage Plan in the nation, serving more than 130,000 members in California and Arizona.

Our mission today is very much the same as it was in 1977: to find innovative ways to enhance seniors' ability to manage their health and continue to control where and how they live. We achieve this mission by developing innovative partnerships that allow us to deliver the right health care, in the right setting, and at the right cost while maximizing seniors' ability to remain independent.



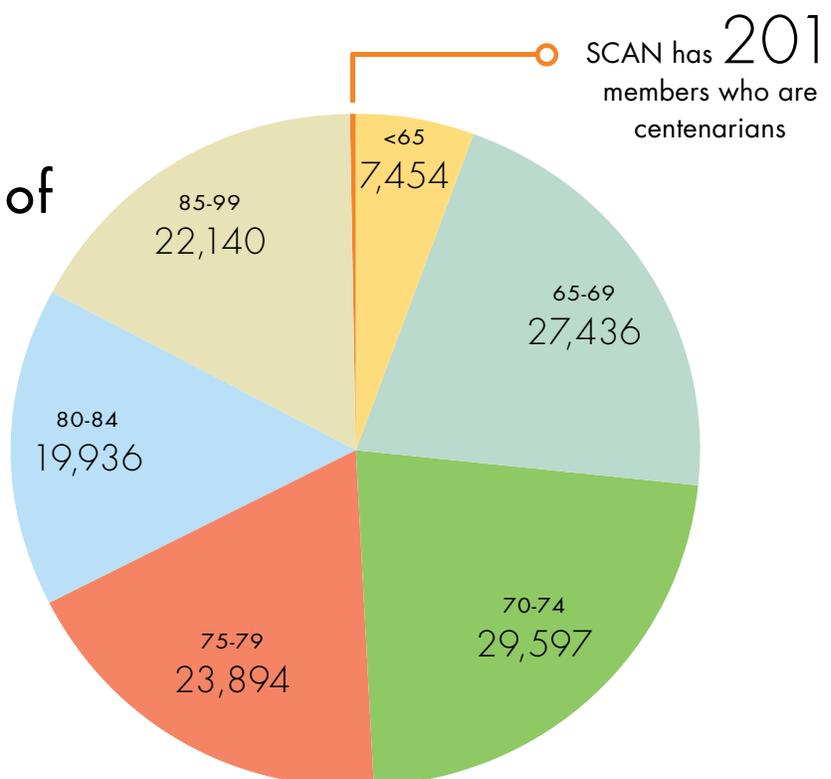
SCAN Membership



SCAN's philosophy of care reflects our mission and requires us to look beyond health plan benefits to find those "innovative ways" to achieve our mission. We focus on providing an integrated approach to caring for the whole person by:

- Improving access to medical, mental health and social services.
- Coordinating care teams to manage acute and long-term care and chronic conditions.
- Improving transitions of care across healthcare settings and providers.
- Managing appropriate utilization of services.
- Improving clinical and quality-of-life outcomes.
- Empowering members to maintain their independence and manage their care.

Age Groups of SCAN Members





Because we have no commercial members, SCAN is able to devote 100% of its energy, efforts and attention to assuring that the healthcare needs of seniors and others on Medicare are met. And because we are a not-for-profit company, we have no shareholders or investors to whom we need to answer. We answer only to our members and our communities.



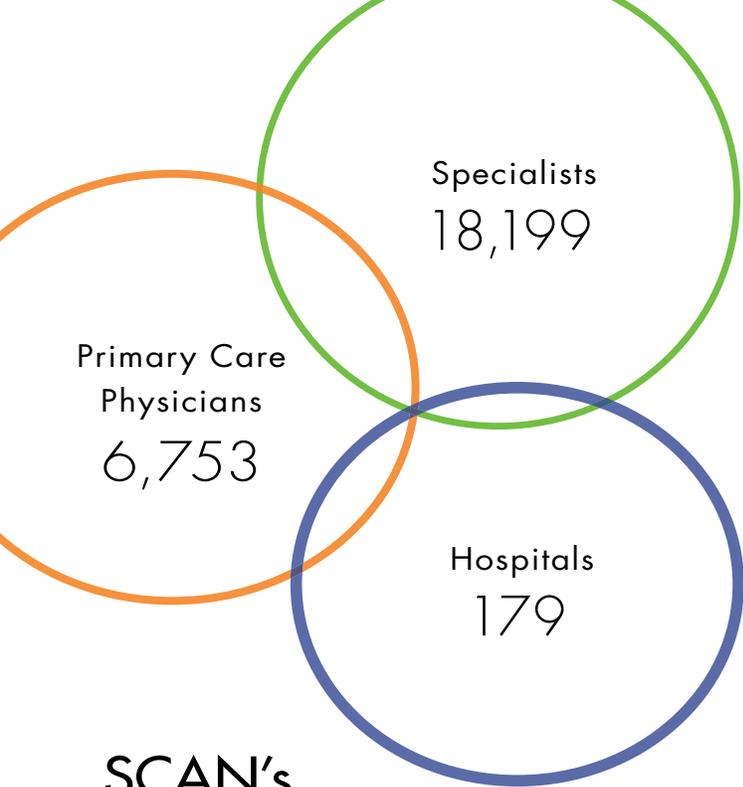
CMS Star Rating

SCAN is one of only four health plans in California to have been awarded 4 or more stars by the Centers for Medicare and Medicaid Services (CMS) for 2012. SCAN was awarded a 4-star rating in 10 of the 11 California counties we serve.

The Star Rating System was put in place by CMS in 2010 as part of an effort to help educate consumers on quality and to make quality data more transparent and comparable between plans. Under the system, CMS ranks health plans on a one- to five-star basis, weighing such factors as clinical outcomes, access to preventive services such as screenings and vaccines, managing chronic conditions, preventive care and consumer satisfaction.



SCAN Service Area Expansion



SCAN's Provider Network

Programs We Offer

Medicare Advantage Health Plans

Medicare Advantage Prescription Drug (MA-PD) plans
MA-PD Point of Service Plan

Medicare Advantage Special Needs Plans (SNP)

Institutional (I-SNP) for those living in the community
Fully Integrated Dual Eligible (FIDE-SNP)
Chronic (End Stage Renal Disease C-SNP)

Areas We Serve

SCAN currently operates Medicare Advantage and Special Needs Plans (SNPs) in the following counties:

COUNTY	MAPD	C-SNP	I-SNP	D-SNP
Contra Costa	✓			
Kern	✓			
Los Angeles	✓		✓	✓
Maricopa	✓			✓
Orange	✓		✓	
Pima	✓			
Riverside	✓	✓	✓	✓
San Bernardino	✓	✓	✓	✓
San Diego	✓			
San Francisco	✓			
San Joaquin	✓			✓
Santa Clara	✓			
Ventura	✓			



Putting Our Heart into Our Members

Since its inception, SCAN has focused on providing comprehensive, high-quality healthcare services to the most vulnerable older adults. These include individuals living with multiple chronic conditions, those who are eligible for nursing home care and those at risk for complex and costly conditions. Over the years, SCAN has developed a unique expertise, proven effective at promoting the health and well-being of seniors and persons living with chronic conditions and disabilities, preventing avoidable hospitalizations and readmissions, and preventing or delaying the need for long-term institutionalization. Along the way the SCAN approach—our Model of Care—has delayed or prevented 100,000 nursing home admissions in California alone.

To foster the continued evolution of our Model of Care, SCAN has developed an internal “think tank,” which researches best practices and evidence-based interventions. This has led to the adoption of numerous case management enhancements, as well as to a suite of programs designed to match a member’s health status.

Member Satisfaction

These are the numbers that matter most: How do our members rate us?

96.7% of SCAN members are satisfied overall with the SCAN program

90.9% of members say that SCAN has helped them manage their health

83.7% of members say that SCAN has improved their ability to live independently

Care Management (CM)

Developing individualized care plans for high-risk members.

Our Care Management program provides telephonic ambulatory case management for members identified at high risk for poor health outcomes and high utilization. Physicians can refer patients, as can other internal SCAN departments.

The program is interdisciplinary in nature, and is staffed by registered nurses and master's-level social workers. A collaborative, individualized care plan is developed for each member, based on medical and social issues identified during assessment. The team makes recommendations, and a SCAN medical director and clinical pharmacist are available daily for case review.

The program promotes timely access to primary care physicians, health and social service education, preventive health referrals, self-management of chronic conditions, medication reconciliation, and adherence with medical treatment plans. Referrals to community resources are also provided, as needed.

CM Results: More than 90% of SCAN members say that:

- SCAN has helped them recognize if their health is getting better or worse.
- SCAN has given them new information to better manage their health.
- They know who to call to get the care they need.
- They believe their case manager listens to and works on their concerns.



The following letter is from a SCAN member who had arthroscopic surgery on her left knee and three days later received a call from a Care Transitions coach. These comments are representative of the feedback our Care Transitions staff receives:

“(The representative) told me she had been advised I had been admitted and released from the hospital. Then she asked me about my medications and if the hospital staff had explained what they were for and if I understood their instructions... Before ending our conversation she gave me her direct line phone number and told me to call her if I needed anything. (Two days later) I received a large envelope of materials and a nice letter from her in the mail. I was very impressed, so impressed that I even mentioned the call to my cardiologist at my post-op appointment. He was surprised and pleased as well. I can’t begin to tell you how much I appreciate SCAN’s Care Transitions Program. It certainly makes one feel like more than just a name on a health plan member list!”



Care Transitions

Easing members through the continuum of care for a safe, successful transition home.

Care Transitions is an evidence-based, short-term telephonic case management program designed to prevent hospital readmission and ensure safe and coordinated transitions across the care continuum. A SCAN health coach—a registered nurse or master’s-level social worker—collaborates with the member (or his/her advocate) and health care providers to develop and implement a coordinated care plan, which considers the member’s previous level of function, cognitive status, place of residence, diagnosis, prognosis, and end-of-life issues during and after each transition.

CARE TRANSITIONS Results: 15.7% readmission rate
—lower than those cited by the Commonwealth Fund
and the New England Journal of Medicine.

Disease Management (DM)

Focusing on conditions in which a member’s self-care efforts can have significant impact on their health.

Our current disease management programs focus on members with a primary diagnosis of congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD). Both the CHF and COPD programs provide telephonic outreach to members who meet the program criteria and agree to participate. RN case managers routinely check in with their members, delivering education and coaching to support the member’s treatment plan from their physician and disease-specific, evidence-based guidelines. The goal is to improve self-management skills; avoid unnecessary hospitalizations; and generally keep members feeling as well as possible for the stage of health they are in. Case managers are also on the alert for any reported signs or symptoms that the disease is escalating and coordinate with the member’s physician and/or direct the member to the appropriate care, be it physician’s office, urgent care center or emergency room.

DM Results: Significantly fewer inpatient
and skilled nursing facility bed days.



Going the extra mile(s)

“Laura’s” cancer had progressed so far she was out of options, save one: a bone marrow transplant. That was just one of many complications. Her provider didn’t have a transplant case manager; the facility chosen for the procedure wasn’t under contract with SCAN; and she had nowhere to stay during the week-long procedure that would harvest her bone marrow cells. It was too far a drive and too arduous a procedure to even try to commute from home.

First things first: Complex Case Manager Meg Jay stepped in to oversee the web of activity needed in order for Laura to get her life-saving treatment—and in the process mentored the provider group’s case manager, enabling them to establish an effective transplant care management program. SCAN’s Provider Contracting team brokered the complex contract required among all parties. And we arranged travel and lodging for her bone marrow harvesting procedure.

Rather than feeling relief, Laura was scared. “She is fiercely independent,” explains Meg. “Not being able to take care of this on her own really shook her and left her pretty pessimistic.” Meg called in a SCAN Care Transitions coach who was able to coach Laura through, helping her find hope in her situation. Three months later, with her bone marrow ready for transplant, Laura faced still another complication: the cancer had recurred, making her ineligible for the transplant.

After more contracting by SCAN, and still more chemo for Laura, she went into remission and the transplant took place in June, 2011. A happy ending? Not yet. Laura’s cancer has metastasized. She is still hopeful, however, and is undergoing another round of chemo—this time close to home, where she plans to live independently for as long as possible.





Medication Therapy Management (MTM)

Providing information and oversight to guard against harmful interactions and help ensure medication compliance.

On average, SCAN members receiving case management services take eight or more medications, which makes managing complex medication regimens a priority. SCAN automatically enrolls members who meet certain criteria (number of drugs, number of chronic conditions, or cost of drugs) in our Medication Therapy Management (MTM) program. The goal is to help members avoid dangerous reactions or interactions that can arise from the use of non-geriatric recommended medications, a mismatch between drugs and diagnoses, or just too many unnecessary drugs.

The program begins with a phone consultation between a case manager and the member, who provides information on their conditions, medications and any challenges. The case manager then involves one of our clinical pharmacists. If he/she identifies any issues, the provider is notified and solutions defined. We then send the member a “Medication Action Plan.” The pharmacist continues to review the member’s medications on a quarterly basis. Members can choose to opt out of the MTM program, but an overwhelming 70% choose to participate.

MTM Results: A 16% reduction
in overall healthcare costs among participants.

Continuing Medical Education

Educating physicians about the specialized care of older and disabled adults.

SCAN’s Continuing Medical Education/Performance Improvement Education provides high-quality, web-based interactive modules designed to narrow the professional practice gaps of providers caring for geriatric patients. Topics address the broad range of expertise that health care providers for older people must possess, from the clinical (Atrial Fibrillation) to the sensitive (Urinary Incontinence) to the compassionate (Palliative Care). The website, www.scancme.com, is open to community providers as well as SCAN providers and offers an array of practical office tools and clinical guidelines.



Special Needs Plan for Dual Eligibles

Caring for vulnerable individuals.

Of SCAN's more than 130,000 members, approximately 8,000 are eligible for both Medicare and Medicaid. SCAN offers a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) specifically designed for these individuals. We use an integrated medical/social approach to provide comprehensive, coordinated care for this vulnerable population. Components of the care model include:

- Initial health risk assessment
- Interdisciplinary care teams
- Case management guided by individualized care plans
- Collaboration with medical providers
- Use of clinical practice guidelines

These members also benefit from a unique service: the Personal Assistance Line (PAL). SCAN gives these members a PAL, a friendly person who speaks their language and provides extra help understanding their benefits and navigating the complex web of Medicare and Medicaid services. Team members act as ongoing liaisons between the member and SCAN staff, medical groups, providers, and community-based organizations. SCAN members have a direct line to their PAL—and are encouraged to use it. Just as the member below did.



Ms. "M" believed someone had committed fraud and intentionally disenrolled her from SCAN. Her PAL submitted a reinstatement request and advised Ms. M to allow a few days for it to process. He assured her that she could call back at any time to check on the status, but added that he would call her when her membership was reinstated. Worried, she called on a daily basis thereafter—sometimes as many as three times a day. Her PAL took time to listen and provide a status report each time without question. Her status was finally resolved and her PAL notified her as promised. Ms. M was extremely grateful, as she had pending appointments and medication she needed to pick up. In Spanish, Ms. M wrote: "Thank you for getting me back into my SCAN plan."

Serving the whole family

Alzheimer’s disease was taking its toll on Mr. “G”—and his family. The 84-year-old had become assaultive, combative and increasingly difficult for his wife to handle, both physically and emotionally. The best place for him, his family and provider group agreed, was in a long-term care facility. His behavioral issues proved too much for many places, so Mr. G was moved 95 miles from home. Just 10 days later, the family got a call: he was in the hospital with a fractured hip and elbow. SCAN Utilization Management got the next call.

Because Mr. G had just moved, the family hadn’t switched his provider group yet, so he was “out of area,” posing challenges—and questions—the family wasn’t prepared to deal with. SCAN’s Kelley Younkin explained their options, and it was decided Mr. G would return to his “home” in the long-term care facility.

Once there, however, the family was upset at what they found when they visited. He was unkempt, not eating and not engaging during therapy. They immediately called Kelley, who in turn talked to the nursing director at the facility. The news wasn’t good. It was clear Mr. G had lost his spirit. But Kelley helped develop an alternate approach and the family found a much-improved situation at their next visit.

“We can’t change the course of his disease and the family understands that,” says Kelley. “Mrs. G told me she’d said goodbye to her husband five years ago. But we still want our loved ones to be cared for and treated with dignity, even when they can no longer care for themselves.”

Member Challenges — SCAN Results

Average number of severe chronic conditions: **3-4**

Average number of prescriptions: **4+**

Number enrolled in long-term care facility: **<2%**

Number with 6+ chronic conditions who live at home: **96%**

Acute hospital readmission rate: **<12%**

HEDIS (quality measure) scores for dual eligibles: **top quartile**

Studies of SCAN’s dual-eligible population, including those assessed at the Nursing Facility Level of Care (NFLOC) show both the challenges these members face—and the results we’re able to achieve with our Model of Care.

In addition, SCAN members are 26% more likely to be discharged from a skilled nursing facility to home, thereby avoiding a stay in a long-term care facility [USC study, Journal of the American Medical Directors Association (JAMDA), June 2010].



Sharing Our Heart With the Community

Community Outreach

Promoting health and wellness and providing much-needed assistance to seniors.

As part of SCAN Health Plan's commitment to providing care for the entire person, SCAN conducts a variety of community outreach activities and support programs that transcend the sphere of healthcare. They support seniors' access to basic needs such as food and nutrition, encourage active and healthy lifestyles, engage older adults in health maintenance, and encourage collaboration with local service partners to fill gaps in community services. SCAN Community Outreach initiatives include:





The “SCAN Van” Designed to bring much-needed health information and support services to seniors throughout Southern California, the SCAN Van is the nation’s first mobile resource center built specifically for seniors and caregivers. Featuring state-of-the-art technology and senior-friendly custom design components, the SCAN Van is available to community organizations and legislative offices for use in health fairs and similar events free of charge. Health professionals are available on-site to perform no-cost preventive screenings and to provide information on community resources. Seniors love the Van’s on-board activities, such as brain fitness programs and Wii virtual bowling.

Trading Ages™ The SCAN Trading Ages program is an interactive workshop that allows participants of any age (including children) to actively experience a series of age-related conditions such as hearing loss, vision changes and loss of dexterity. This unique training helps participants understand how challenges associated with aging can affect everyday activities and behaviors. Trading Ages was initially developed by SCAN to help our own employees better understand the needs and mindset of our health plan members. Today the program continues to be mandatory for all SCAN employees and is also available, at no cost, to physician groups, community agencies, congressional staffs, school children and others.





Community Giving Community-based organizations provide a critical safety net of services to older adults. As state and federal funding for these organizations continues to shrink, the need for financial support from the private sector has never been greater. As such, SCAN earmarks a portion of our annual budget toward helping to support these much-needed, locally based organizations. In 2011 a significant portion of our community giving was focused on helping organizations establish emergency assistance funds through which they may provide one-time financial support to older adults and their caregivers faced with unexpected expenses.

St. Barnabas Senior Services in Los Angeles received funds from SCAN in 2011. In turn, they passed it on to 41 seniors:

- 18 received assistance for housing
- 9 received assistance with employment or help with medical/dental costs
- 9 received help with utility bills
- 5 received assistance with transportation or getting adaptive devices



In Contra Costa county a woman was hospitalized in extreme pain. Once diagnosed, the hospital realized it could not provide the needed procedure—the woman was a veteran and her VA coverage wasn't accepted. She stayed in the hospital while the social worker scrambled to find another hospital that would do the procedure. After two full days, and the woman in now-excruciating pain, another hospital was located. But neither facility would pay for the medical transport. Rehabilitation Services Northern California got the call at 5:00 p.m. They immediately agreed to pay for this service with funds they'd received from SCAN. The woman was transported within the hour and received the procedure that evening. SCAN appreciates these community organizations and their ability to respond with speed and compassion to these urgent requests. They are the answer when often there are no other options.



“Dorothy” thought if she ignored computers they’d go away. As a long-time volunteer, however, she’s had a change of heart. “All the volunteer jobs are requiring this, and if I don’t learn, I’ll get left out in the cold,” she says. So she signed up for the Computer Basics course at SCAN’s Senior Resource Center in Ventura, the first step toward computer literacy. And an important introduction to the many benefits computers can bring to seniors.

Resource Centers SCAN operates two freestanding Senior Resource Centers—one in Ventura, California, and the other in Phoenix, Arizona. Each facility offers an array of interactive programs—such as exercise classes, “brain games” and Wii bowling tournaments—designed specifically to help seniors keep active and fit while garnering the benefits of social interaction with their peers. Open to the general public, not just SCAN members, the Centers also offer a complete library on important healthcare topics where older adults and their caregivers can learn more about how to lead a healthy lifestyle and find out about the many resources their community has to offer.

Classroom in the Community is a series of easy-to-understand health presentations that provide seniors with the information they need to take positive action so they can better manage their own health. There is a heavy focus on prevention activities that enable older adults to learn and practice healthy behaviors. By bringing education directly into many communities that have not had access to such information before, SCAN hopes to reduce health disparities and improve health literacy among underserved communities.

Employee Engagement The people who work at SCAN have a heart for seniors—they share our commitment to helping make life better for older adults. SCAN employees do this through their jobs, and they do it through community involvement. As part of our employee engagement program, SCAN helps to support and organize these efforts in ways that enrich the work experience of our employees and promote the well-being of our local communities. SCAN volunteers participate in a variety of projects from food and water drives to delivering Thanksgiving meals to homebound older adults.





Independence at Home

Supporting older adults and disabled adults who lack the personal resources to maintain their health and well-being.

Independence at Home is the home and community-based services division of SCAN Health Plan. Experienced social workers, nurses and therapists coordinate and direct the provision of services for the culturally and economically diverse clients served. These services are only available to non-SCAN Health Plan members. Independence at Home programs include:

Multi-Purpose Senior Services Program (MSSP)— In 1977 SCAN became one of the eight original MSSPs in California. Today SCAN operates the largest individual MSSP in the state, providing community-based, long-term and personal-care coordination for low-income frail seniors in southern Los Angeles County. The goal of the program is to arrange for and monitor the use of community services to prevent or delay premature institutional placement of these seniors. **Served 935 clients monthly in 2011.**

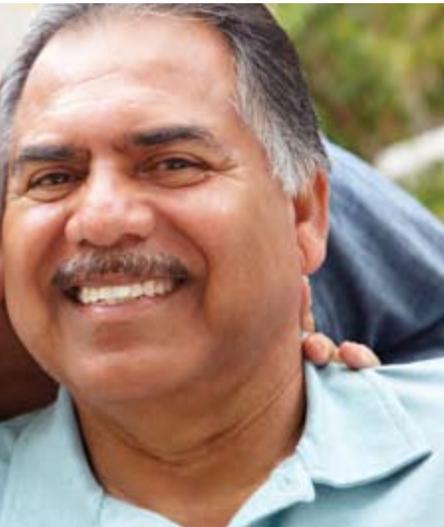
Integrated Care Management programs are operated under contract with Los Angeles County's Community and Senior Services. **Served 218 clients monthly in 2011** under one of the three programs.

1. Family Caregiver Support Program
2. Supportive Services Program
3. Linkages

California Community Transitions is designed to move people out of nursing homes and back into the community. **Served 76 clients in 2011.** Moved 23 individuals in 2011; has transitioned 53 since the project began in September, 2008.

Innerlinks Advantage serves individuals who need assistance managing mental health issues in order to remain in the community. **Served 65 clients in 2011.**

Volunteer Action for Aging provides frail and lonely seniors with a variety of personal touch services, from friendly visitors to telephonic reassurance to a hot, home-delivered Thanksgiving meal. **Served 1,336 clients in 2011.**



As a member of SCAN's Member & Community Advisory Committee, we have an understanding and appreciation for SCAN's model of care.

For more than three decades, SCAN Health Plan has worked collaboratively with community-based organizations such as St. Barnabas to strengthen the safety net for Southern California's most vulnerable populations. Such efforts include community outreach and educational projects for low-income populations. We also recently partnered with SCAN to coordinate services for disabled adults and seniors transitioning from Adult Day Health Centers to Community-based Adult Services.

SCAN's model of care overlays comprehensive medical care with home and community-based services that allow seniors to remain in their local communities and out of institutional settings. Assistance with activities that fully functioning adults take for granted—including bathing, meal preparation, and household chores—can mean the difference for some seniors between living independently or moving to an institution.

Rigo Saborio
President and CEO
St. Barnabas Senior Services

Member & Community Advisory Committee

Janet Anderson-Yang, Clinical & Training Director, The Center for Aging Resources

Debra L. Cherry, PhD, Executive Vice President, Alzheimer's Association, California Southland Chapter

Elizabeth Jimenez, Program Director, Mexican American Opportunity Foundation

Renee Patterson, Family Member of a SCAN Health Plan Member

Rigo Saborio, President & CEO, St. Barnabas Senior Services

Barbara Tassill, SCAN Health Plan Member

Linda Zimmerman, Regional Manager, Ombudsman Program, WISE & Healthy Aging Services





SCAN Group Financial Summary for Fiscal Year Ended December 31

(dollars in thousands)

2011
unaudited

Operating Revenues	\$1,941,465
Medical Expenses	1,752,992
Administrative Expenses	146,822
Operating Surplus	41,651
Investment Income	(4,509)
Net Surplus	37,142
<hr/>	
Medical Expense %	90.3%
Administrative Expense %	7.6%





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