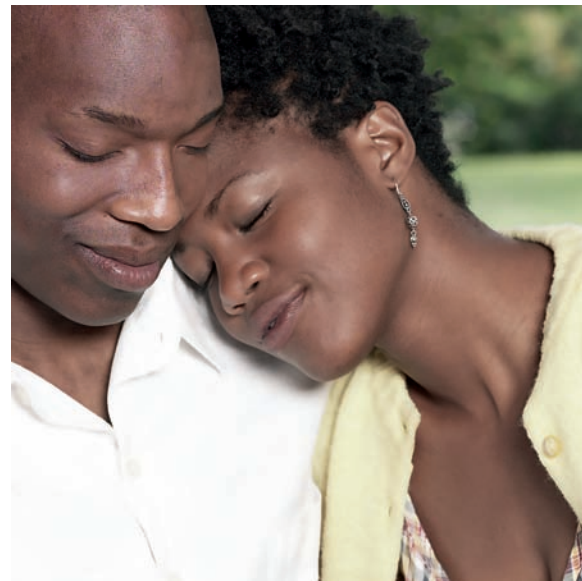
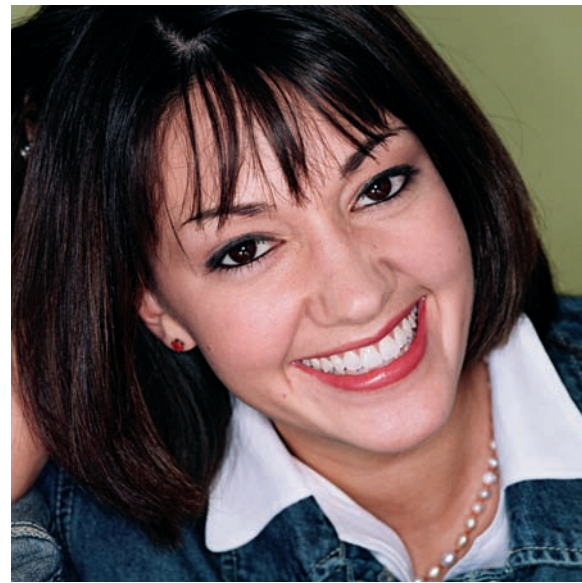




The Total Behavioral Health Solution





THE TOTAL BEHAVIORAL HEALTH SOLUTION

MHNet goes beyond traditional behavioral health management to provide the total behavioral health solution. Providing superior, comprehensive behavioral health care is difficult, but MHNet makes it seem simple by customizing our clinical approach so that each member's treatment is cohesive and effective.

From large program components to fine details, MHNet will take care of everything so you can concentrate on other tasks. You'll know our quality, clinical outcome-oriented model is working when your healthcare and administrative expenses are reduced, and complaints and denials become almost nonexistent.

Our method is straightforward: superior provider networks, care coordination, access to clinicians, and clinical disease management are integrated to provide a comprehensive system that fulfills all of your members' behavioral health needs. Services are never departmentalized; instead, they are administered from one central management site by MHNet Case Managers.

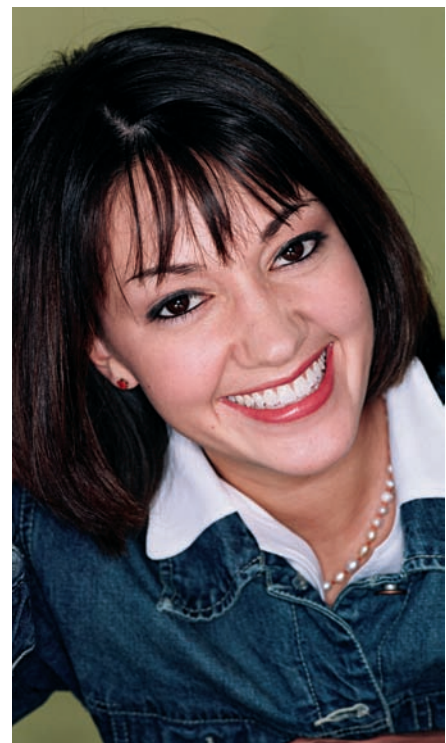
EXPERIENCED, PROVEN SOLUTIONS

MHNet provides an experienced, proven solution to your behavioral health needs. Since our founding in 1985, MHNet has been committed to reducing our client's behavioral health costs while enhancing the well-being, and safety, of our members.

MHNet is able to reduce costs while improving care by proactively addressing behavioral health issues before the issues become too severe. Led by our senior management team, which has been in place for more than ten years, MHNet develops programs that comprehensively address behavioral health issues by customizing our services to meet the needs of each unique membership population.



MHNet has Full Accreditation from the **NCQA** and the American Healthcare Commission/**URAC** under its Health Utilization Management (UM) standards

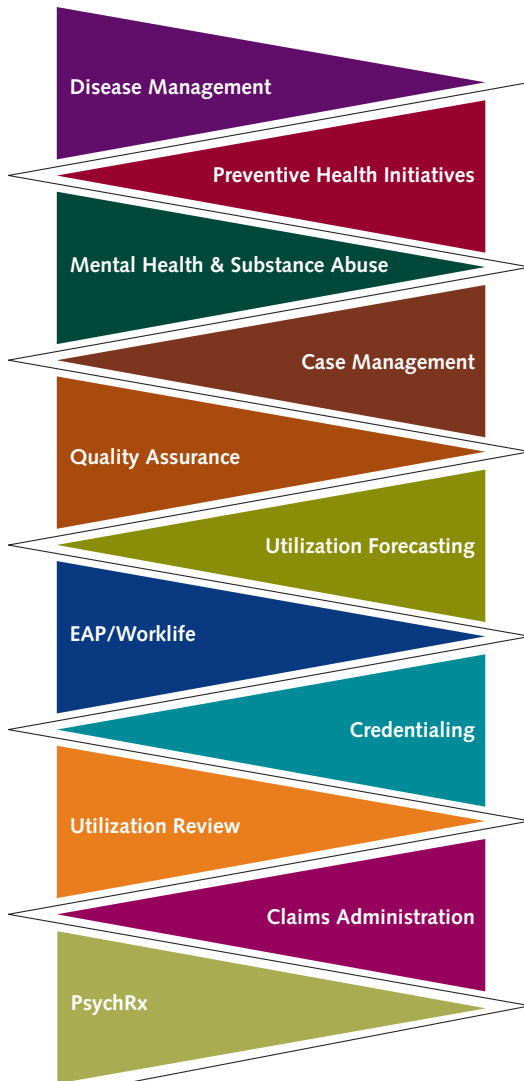


Major depression is the **leading** 

cause of disability worldwide among

persons age five and older

INTEGRATED SERVICE OFFERINGS



MHNet's Licensed Case Managers
are available **24/7**

DIVERSE CLIENTS

We've helped countless clients, just like you. MHNet currently serves over 5 million members in 50 states. Our various clients include:

- Commercial health plans
- PPO networks
- Medicare programs
- Medicaid programs
- Children's Health Insurance Programs (CHIPs)
- Employers
- Benefit consultants
- Independent Physician Associations (IPAs)
- Third Party Administrators (TPAs)
- Utilization management companies

Whether you have 500 employees or 500,000, we have the ability and the expertise to provide the plan type and delivery system that works for you. Large or small, we'll make sure your behavioral health program operates effortlessly.

TAILORED BENEFIT PLANS

Every member has different behavioral health needs and every client has unique expectations and strategies. Unlike other behavioral health companies who believe every client should fit into predetermined models, we want to know what specific needs you and your members have. MHNet will modify and customize almost any aspect of our service offerings—including, but not limited to, reporting, access specifications, authorization requirements, network stipulations, and gate-keeper or open access approaches—to make sure our solution is your total behavioral health solution.



50% of all visits to the doctor have a behavioral health component that physicians fail to diagnose or treat properly

THE BIG PICTURE

COMPREHENSIVE CASE MANAGEMENT

Just as a person is not defined by a single act, a person's illness cannot be defined by one incident or episode. Using predictive modeling, we make treatment decisions that are farsighted and create therapy plans that consider not only current care but also previous and potential mental health and medical conditions, co-morbidities, and substance abuse problems. Members are managed across all episodes of care by our team of licensed Case Managers. Our highly-trained Case Managers supervise member compliance with recommended treatment plans, monitor member progress, and contact members directly to make sure they are receiving treatment that will lead to superior clinical outcomes.

WE TREAT THE WHOLE PERSON, NOT JUST THE DISEASE

People are complex: so are their health needs. MHNet uses a personalized and comprehensive approach to diagnosis and treatment. We customize each member's treatment by considering the whole person and the intricate interaction of the physical, mental, emotional, environmental, and social factors affecting their life and health. Case Managers become health coaches and work to support family involvement in member treatment, promote disease awareness and member self-management through education, and encourage each member to follow best practices.



Healthcare costs for members who are depressed average **70%** higher than for those not depressed



45% of the U.S. population suffers from a chronic condition—and 60 million people have more than one chronic illness

INTEGRATED TREATMENT

MHNet coordinates care for people, not problems—and we do it one member at a time. We tailor our treatment plans to meet the unique needs of each member by blending the most appropriate aspects of traditional behavioral health programs—preventive health initiatives, disease management, intensive case management—and by coordinating collaborative care. Case Managers, members, and practitioners form treatment teams that work to ensure members receive the most appropriate type of care at optimal treatment locations.

Preventive Health Programs

MHNet has programs targeted towards members with anxiety disorders, children with ADHD, and adolescent children of parents with major depression. Additionally, we routinely collaborate with clients to provide a behavioral health complement to their preventive health or disease management programs that address high-risk and high-cost medical diagnoses. Each program is selected based upon the member population's high-volume diagnoses, demographics, and risk characteristics.

Disease Management

Case Managers use predictive modeling to proactively identify patients with documented or suspected diagnoses of high-risk behavioral health and co-morbid diseases. Members can also be referred to the program through health plan disease management programs, medical providers, LTD/STD, or Worklife programs. Symptoms are reduced and member functioning is enhanced.

Intensive Case Management

Intensive case management is used for members with concurrent medical and behavioral problems, members with chronic and severe behavioral health conditions, and members who require supplemental services or have complicating factors that would result in further deterioration in the severity of the illness without intensive intervention. Members are identified through routine case management as well as through early identification indicators co-developed with health plans.

Identifies potential problems through predictive modeling

Manages high-acuity members before healthcare utilization escalates

Coordinates prevention programs with health plans to reduce medical costs

Encourages the use of psychotherapy in coordination with medication management

Increases the medical community's awareness of certain diseases

Educates members on symptoms and self-managed care

Teaches members how to change unhealthy behavior

Supports provider treatment plans

Stratifies members for intensity of services based on risk assessments

Provides access to specialty programs and resources


Coordinates treatment between providers

Ensures monthly reviews are done with a Medical Director

Reduces barriers through frequent member contact

Monitors and encourages treatment



Lost productivity due to depression— 
 whether from absenteeism or presenteeism—
 is in excess of **\$50 billion** each year

ENHANCED SERVICES

COORDINATION


We reduce problems that can arise from coordinating multiple healthcare programs, managers, and providers by taking ownership of the coordination process and ensuring an open flow of information between all parties. With our superior coordination we are able to reduce barriers for members coming from primary care physicians (PCPs), direct members into the right treatment earlier, and promote comprehensive therapy options and optimal treatment plans. As a team, MHNet and the treating practitioners assess the member's mental/medical health status, treatment progress and goals, and medication compliance, while continually modifying the care plan for treatment optimization. MHNet forwards behavioral health treatment plans to PCPs that contain timely information on therapy, current medications, and member progress. Everyone is involved in planning and decision-making and kept apprised of treatment changes and progress. The results are undeniable: PCP costs are reduced; clients realize a significant medical cost offset; and member and provider satisfaction is increased.

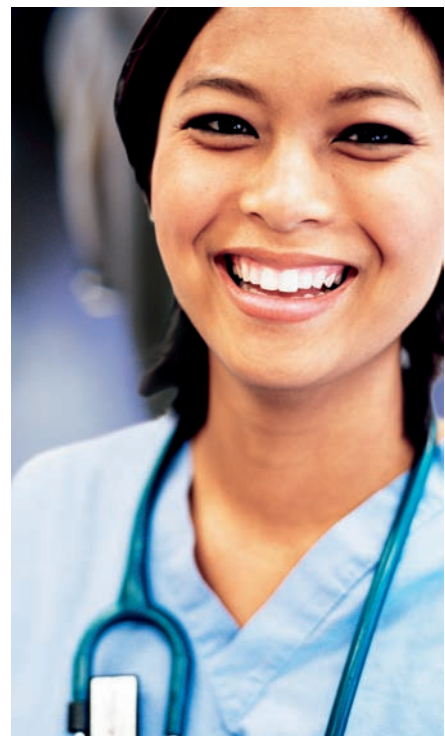
ATTENTION TO PRIMARY CARE

MHNet works with PCPs to establish partnerships aimed at identifying and treating members before their problems become overwhelming and costly. Activities include hosting educational events, workshops, and behavioral health presentations; providing behavioral health articles to PCP offices for distribution to members; providing PCP-specific material on identifying and treating common behavioral health issues; and making routine visits to PCP offices to review MHNet's processes.



Companies lose around **2.8 million**
 workdays each year because of employee
 injuries or illness

Primary care physicians (PCPs) tend to 
 prescribe antidepressants more than other
 medical physicians: **74%** of Americans
 seeking help for depression visit their PCP



EMPLOYEE ASSISTANCE PROGRAM (EAP)

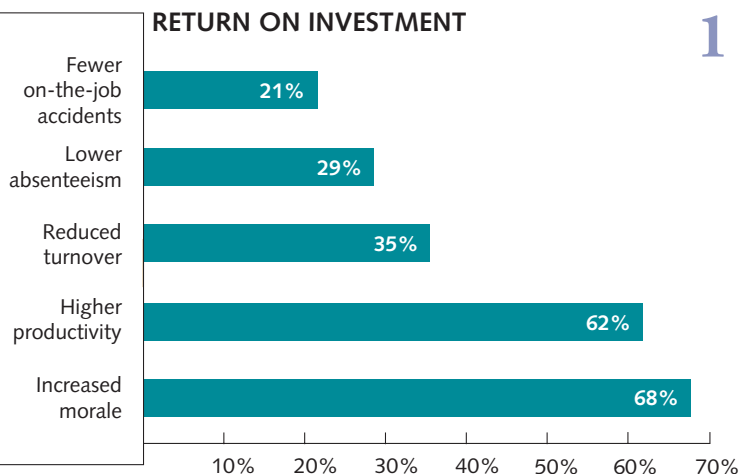
MHNet's comprehensive EAP program focuses on prevention, early intervention, and education targeted towards the personal factors that can influence an employee's well-being and work performance. By assisting troubled employees with their life problems we improve their productivity and protect the employer's interests in a cost-effective manner. We offer 24/7 toll-free telephone access to Master's-level Intake Clinicians for crisis intervention and counseling, face-to-face visits with an EAP counselor for short-term problem resolution, referrals to community agencies, and interface with the member's major medical benefit when needed.

MHNet's EAP also includes:

- Specialty on-site services such as new employee orientation, supervisory training, educational seminars, Critical Incident Stress Debriefings (CISDs), and Emotional Incident Stress Debriefings (EISDs)
- Formal management referral and unlimited toll-free telephonic consultation for management and supervisors
- Legal services support and referral for financial counseling
- On-line resources such as interactive self assessment tools; self-search locators; resource links to pre-screened and "best of the Internet" web sites; and 1,500+ tip sheets, articles, and resource guides
- Program promotions (brochures, wallet cards, posters, brown-bag materials, payroll stuffers)
- Quarterly and annual utilization reports

PHARMACOLOGICAL EVALUATION & MANAGEMENT

As medication costs continue to increase, health care providers must institute reforms that address this issue while also enhancing patient safety. MHNet's PsychRx program meets this growing need by offering a systematic analysis of prescription data, diagnosis codes, and provider types geared towards identifying prescription patterns not in line with best practices. The program offers targeted interventions designed to meet the needs of providers, patients and health care organizations. PsychRx aggressively addresses these problems by examining the root causes of increasing drug costs and developing practical solutions. We apply our proprietary algorithms to pharmacy data to identify and address costly prescription issues such as poly-pharmacy and over-utilization.



1 in 3 people who survive a heart attack will suffer from major depression

SEAMLESS IMPLEMENTATION

Even though you may be dissatisfied with your current behavioral health organization, the thought of a change and concern about member continuity of care may deter you from making a long overdue decision.

We are proud to provide implementation plans that are client-driven, member-focused, and team-executed. MHNet has over two decades of experience helping health plans and employers transition their behavioral health care and benefits. MHNet's dedicated implementation teams use customized strategies to ensure optimal transition and continued service operation. Our proven implementation methodology identifies every step of the process, establishes timelines and due dates, and designates responsible parties for all deliverables.

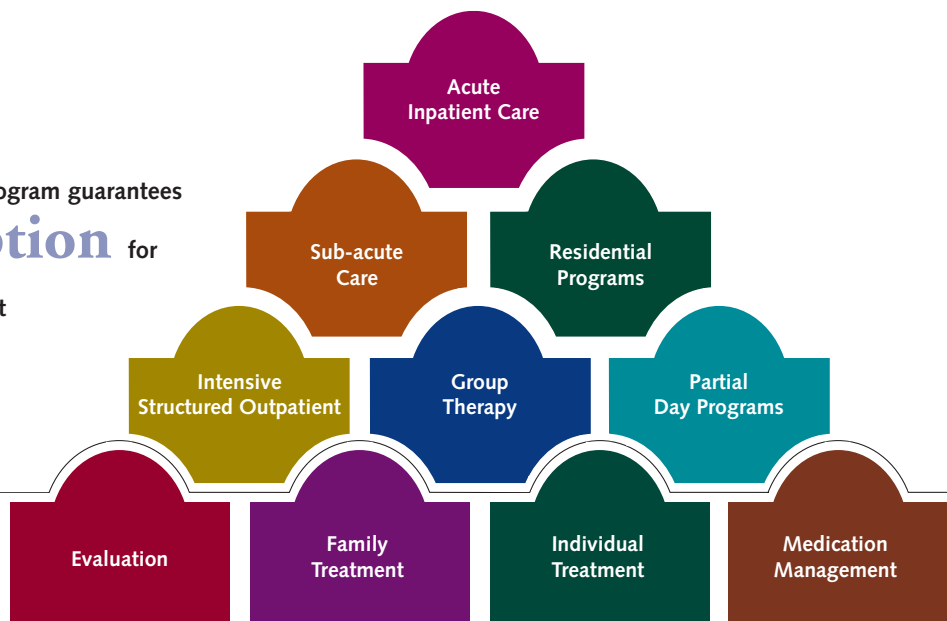
CONTINUITY OF CARE


In every transition, we make sure no member in treatment experiences an interruption of care and that, as far as the member is concerned, the transition is seamless. A member receiving services at the time of the transition is given an authorization for continuation of treatment with the same provider through his or her entire episode of care. MHNet works with the client early in the process to identify any member receiving inpatient treatment who is in need of advanced discharge planning and all high-risk members are included in our Intensive Case Management and Disease Management Programs.

MHNet notifies network providers, clinical staff, PCPs, and the previous vendor's providers of the upcoming transition and supplies information on the change. The client's PCPs are educated on MHNet's policies, procedures, and clinical practice guidelines.



MHNet's implementation program guarantees
no interruption for
members receiving treatment





MHNet never considers **network**
development to be completed—
it is an ongoing and evolving process

NETWORK DEVELOPMENT

MHNet has a proven track record of delivering robust, comprehensive networks in advance of go-live dates. We serve over 5 million individuals in 50 states and have a full-spectrum national provider network that includes general psychiatrists, child and adolescent psychiatrists, psychiatrists with added qualifications in geriatric psychiatry, addictionologists, Doctoral-prepared psychologists, and Master's-level licensed clinicians. Our access standards usually far exceed those mandated by health plans and/or state regulations.

Before each implementation, we collaborate with the client to identify providers who are vital to them or their members. Network Development staff work to enhance the network, and new providers requested by the client or members are contacted and invited to join our network. After the implementation, MHNet routinely performs GeoAccess® analyses to ensure that over time the network remains matched to member access needs.

DATA EXCHANGE

During implementation, we work with the client to determine the most effective method and format for data interchange, which includes positive enrollment, intake data, and encounter data. MHNet works with all nationally standardized or customized, and HIPAA-compliant institutional and professional formats. Our secure systems environment and strict confidentiality practices ensure that all personal health information remains protected.

REPORTING

MHNet's proprietary information gateway called ODIS®—On Demand Information System—is a fully relational, data warehouse and retrieval system that stores every field of information including eligibility, benefits authorizations, provider data, quality improvement activities, case management data, and claims data. The system allows us to report any combination of data elements in any format and medium. MHNet has a full complement of standard reports covering access, availability, care of members, utilization, satisfaction, claims, and credentialing. Prior to implementation, MHNet works with the client to set up flexible, customized reporting. Ad hoc reports are available and are usually completed within 24 hours.



MHNet exchanges **data** in
both custom and standardized formats





SIX σ : NEAR PERFECTION

We love data and statistics, but only if they illuminate our structures, processes, and outcomes. It's no surprise we're a Six Sigma organization. As such, our goal is to increase customer satisfaction through continuous quality improvement. MHNet is relentlessly focused on improving quality in all processes to a Six Sigma level. That's fewer than four defects per million events—near perfection!

Our Six Sigma approach to business gives us the tools, measurement systems, process analyses, and controls to provide our clients with world-class quality and service. We employ Six Sigma Black Belts and require all our managers to be trained as Six Sigma Green Belts or Champions.

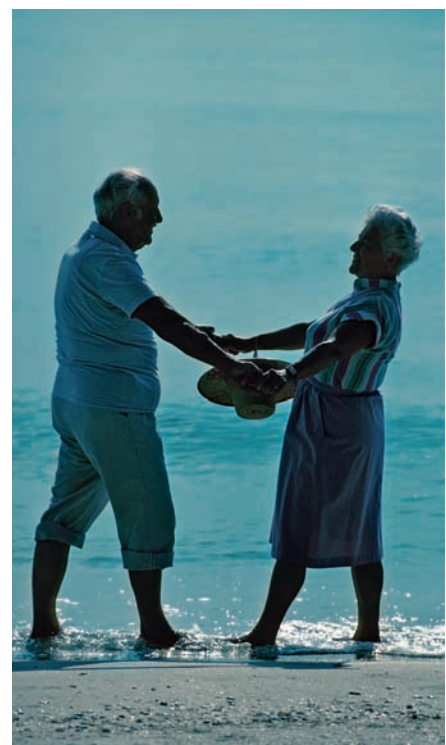
But even that isn't enough: because we believe there is always room for improvement, we are constantly assessing our processes and performance through our Quality Improvement Program for ways to increase efficiency and cost effectiveness.


QUALITY IMPROVEMENT

MHNet's Quality Improvement Program is comprehensive and encompasses all aspects of the organization. We conduct continuous monitoring of quality of care and tailor improvement activities to meet the specific needs of each member population. Strong actions and evidence-based interventions are used to improve clinical outcomes. All MHNet performance indicators are developed, measured, and managed with the same degree of rigor. Sound statistical and organizational methodology for all of our performance measures and improvement activities guarantee that MHNet's organizational best practices provide you and your members with the highest level of quality service.



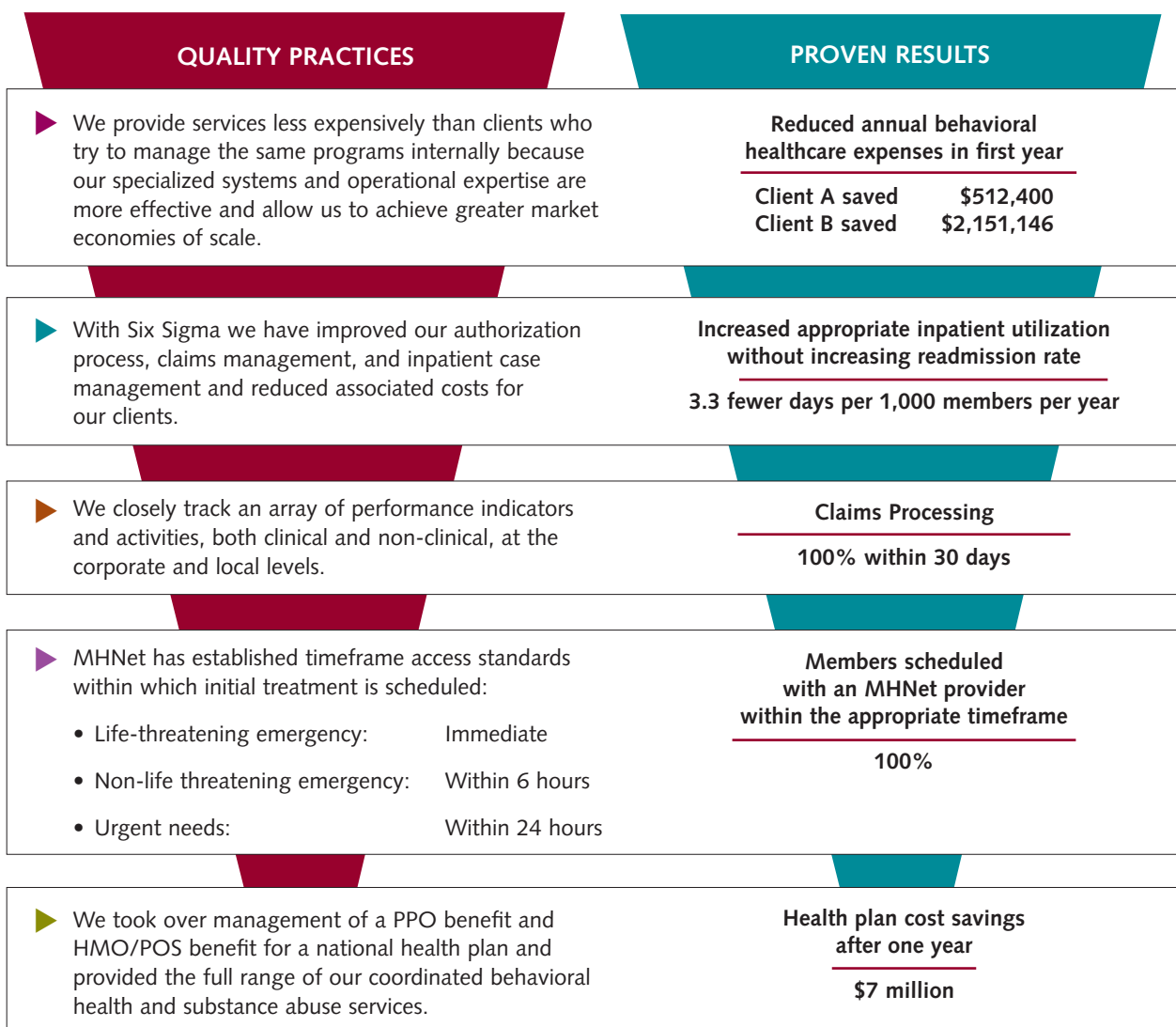
MHNet understands how our customers
measure quality and has created products
and services that meet their expectations



Our medical necessity denial rate has been 
less than **1%** for over a decade

MHNet's GOAL: NO DENIALS

Behavioral health organizations see only 4–8% of a health plan's members in a year, yet often account for 30–40% of complaints and grievances—the main reason is denial of care. MHNet, on the other hand, believes that through a collaboration with the facility or treating practitioner the most appropriate denial rate is zero. We work jointly with our providers every day to deliver the highest quality care to members and consider every denial a failure. Our medical necessity review denial rate is less than one percent—and has been for over a decade—which is reflected in our nominal complaint, appeal, and grievance activity and our superior clinical outcomes and customer satisfaction.



Superior Clinical Outcomes ▼ Superior Quality of Care

▼ **MHNet's COMMITMENT** ▼

We will conduct ourselves in an ethical manner.

We will relentlessly pursue superior quality in all operations and superior outcomes for our members and client organizations.

We will provide exceptional customer service to all of our customers, large and small, external and internal, at the individual level.

We will allocate resources to maximize long-term results.



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