

Amerigroup's Arkansas Medicaid Health Reform Proposal

Depth of Experience
Proven Solutions

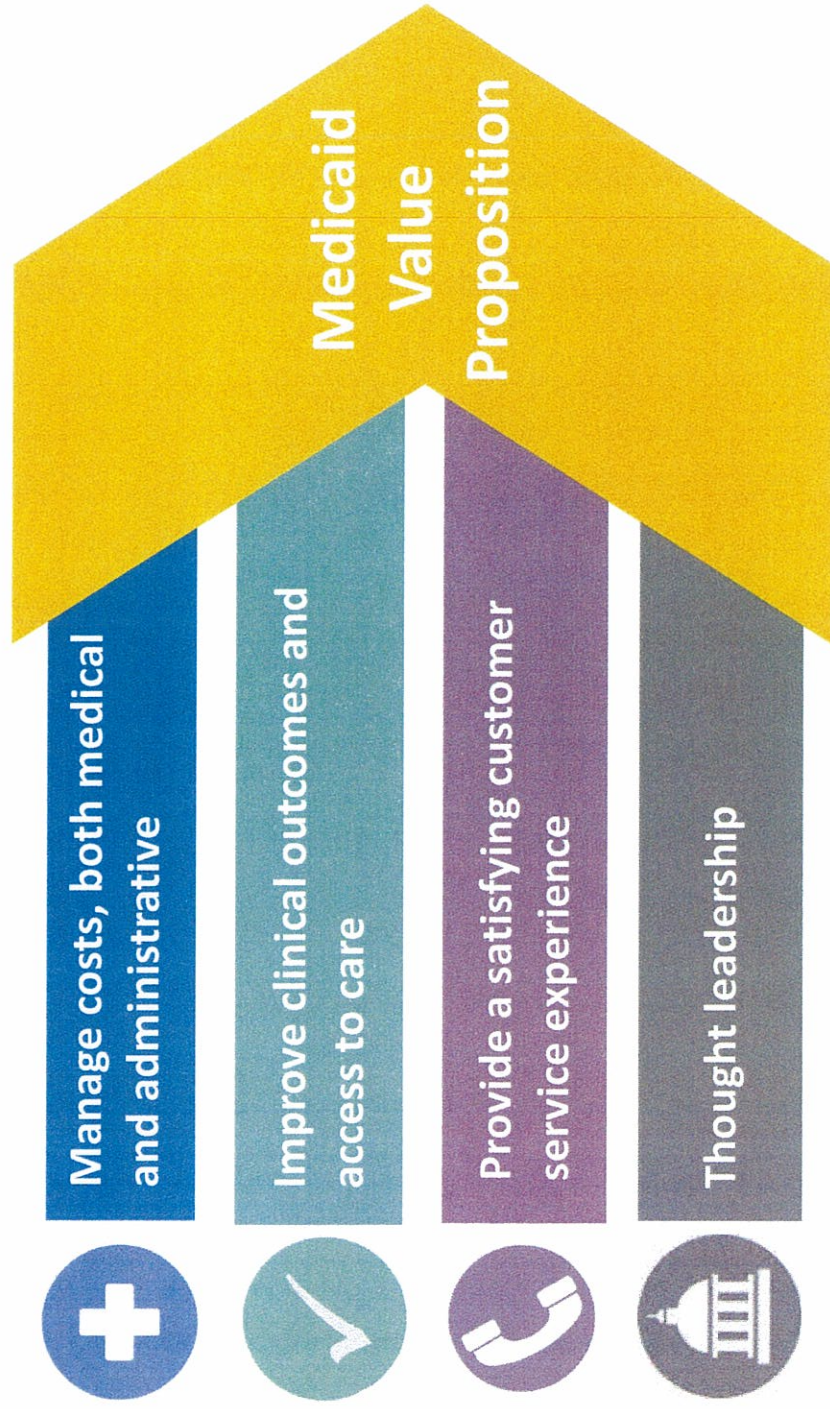
Michael Scarbrough
Senior Vice President, Medicaid

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Amerigroup's Value Proposition



Amerigroup's Depth of Experience



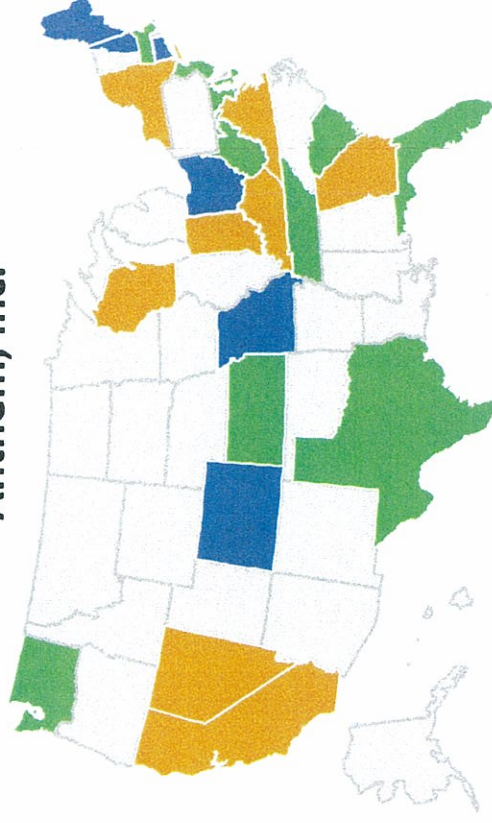
Over 24 years partnering with states to serve Medicaid populations

5.7 million Medicaid members across 19 states

- Manage integrated behavioral health services for over 5 million Medicaid members
- More than 882,000 ABD/SSI members across 16 states
- In 8 states, we manage the full spectrum of physical health, behavioral health, and long-term services and supports (LTSS) for more than 270,000 aged and/or disabled members



Anthem, Inc.



- BC or BCBS licensed plans (6)
- BC or BCBS licensed plans + Medicaid presence (8)
- Medicaid presence (11)

Amerigroup's Benefits for Arkansas: Members



Partnering with States to solve their Medicaid challenges, we offer benefits for members

- One point of contact for all services
- Coordination of all services across all delivery settings
- Improved access to preventive, primary and specialty care
 - KanCare achieved a 23% increase in PCP utilization in first year of program
- Improved access to home and community-based services and other long-term services and supports
 - KanCare achieved a 22% increase in HCBS utilization in first year of program
 - TennCare achieved a 100% increase in HCBS utilization in the first three years of program
- Improved health outcomes and quality of life
- In the first year of the program, our Kansas health plan successfully assisted nearly 70 members with a disability to transition into employment
- According to a 2015 study of the Texas Medicaid program, from 2009 to 2011
 - STAR+PLUS achieved significantly higher adherence to guidelines for COPD and heart attack
 - STAR+PLUS achieved a 31% decrease in diabetes short-term complications
 - STAR+PLUS achieved a 19% decrease in rates of bacterial pneumonia

Amerigroup's Benefits for Arkansas: Providers & The State



Benefits to providers:

- Value-based provider reimbursement
 - Over 60% of our 5.7 million Medicaid members receive care from a provider enrolled in a value based reimbursement arrangement
 - Our programs have demonstrated success. Our primary care providers have seen a 3% improvement in quality and an 8.6% decrease in total medical cost
- Strong support for Patient-Centered Medical Homes and Health Homes
- Behavioral health, nursing facility, and other provider incentive programs offered

Benefits to the state:

- Strong local operating model - services managed and delivered by in-state staff
- 5 year Savings Estimates
 - From 2010-2015, Texas has realized \$3.8 billion savings through managed care
 - Kansas estimates \$1 billion in savings
- Financial predictability and sustainability
- Solution-focused Partner
 - Rebalancing of LTSS spending: Proven track record of helping state reverse this trend – helped Tennessee's ranking with regard to LTSS funds spent on HCBS improve from 50th in SFY2009 to 26th in SFY2013
 - Working with Kansas and Tennessee to create improved service delivery models designed to support IDD individuals living in small or home like settings



CHOICES Expenditures

