AmeriHealth Caritas Family of Companies

Presentation for

Arkansas Health Reform

Legislative Task Force

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AmeriHealth Caritas

Care is the heart of our work

Introductions

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AmeriHealth Caritas Family of Companies

Who We Are

AmeriHealth Caritas: a national Medicaid and Medicare managed care company.

- Operating in 16 states and Washington, D.C.
- Expertise in caring for challenging populations, in both urban and rural settings, offering solutions for Medicaid (serving a variety of categories of aid); Medicare dual eligibles; CHIP; behavioral health; and pharmacy benefits management and specialty pharmacy solutions.
- Utilizes an integrated model of care incorporating physical health, behavioral health and pharmacy health services.
- Serving more than 6.9M members across various product lines.
- Employing 4,639 associates as of July 31, 2015.

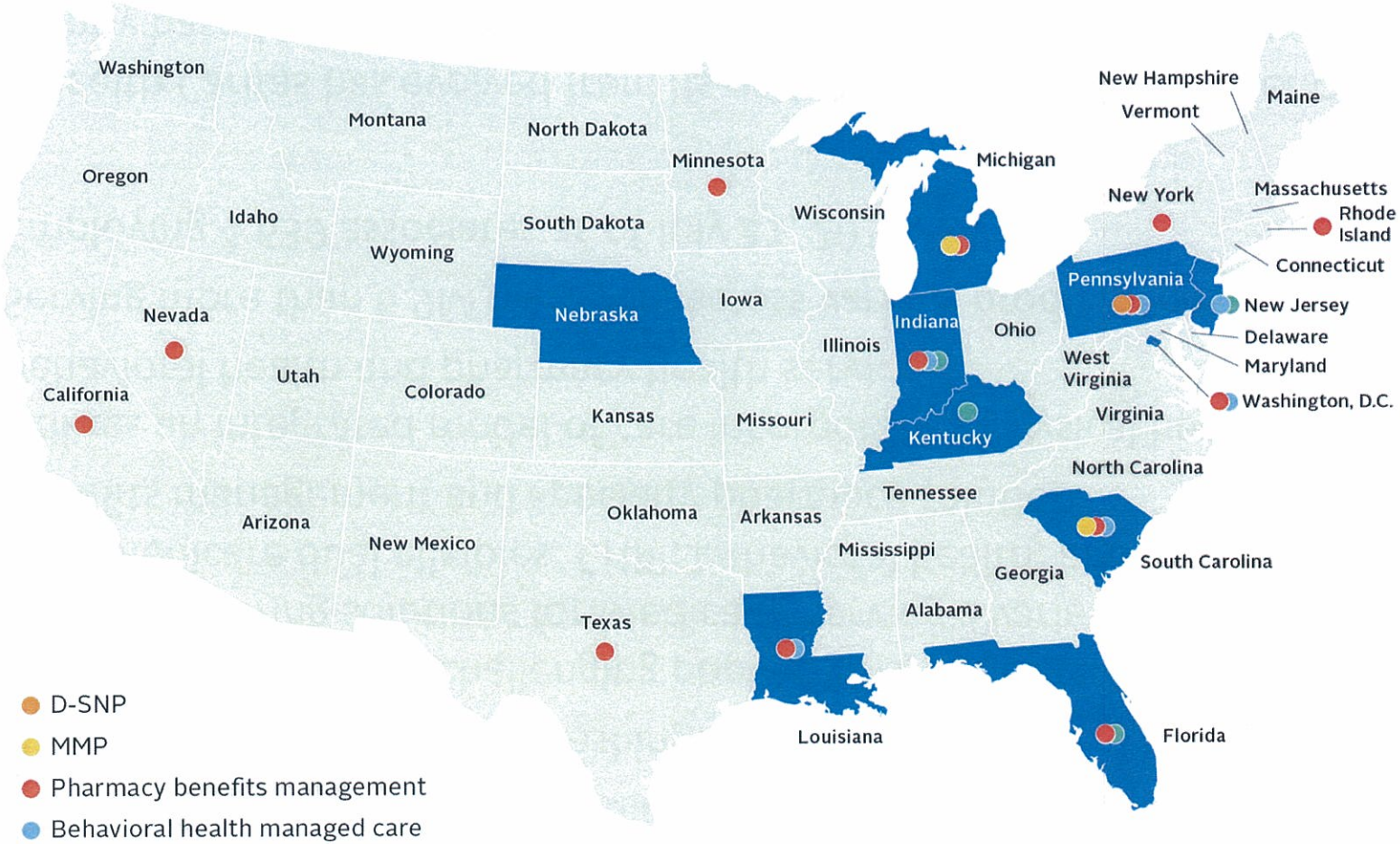
AmeriHealth Caritas has evolved from its early days as a small provider owned, community based Medicaid health plan but our mission remains the same…

We help people get care, stay well and build healthy communities.

AmeriHealth Caritas Has an Expanding National Footprint

AmeriHealth Caritas Coverage Area

Touching the lives of more than 6.9 million members nationwide



- D-SNP
- MMP
- Pharmacy benefits management
- Behavioral health managed care
- Medicaid third-party administration

Blue States Existing AmeriHealth Caritas Medicaid markets

Experience Managing Special Populations

Dual Eligible / MMP

FirstChoice VIP CARE PLUS by Select Health of South Carolina | Healthy Connections PRIME

AmeriHealth Caritas VIP Care Plus | MI HEALTH LINK Linking Medicare & Medicaid for you

- AmeriHealth Caritas serves dual eligible members in the federally-sponsored Financial Alignment Demonstrations in South Carolina and Michigan.
- In these programs, the health plans are referred to as Medicare-Medicaid Plans (MMPs).
- In both of these demonstrations, all LTSS benefits are the responsibility of the MMP operated by AmeriHealth Caritas.
- Programs include the frail elderly, adults with disabilities, and the intellectually disabled.

D-SNP

Keystone VIP CHOICE
COVERAGE BY VISTA HEALTH PLAN, INC.
Independent Licensee of the Blue Cross and Blue Shield Association

AmeriHealth VIP CARE

- AmeriHealth Caritas operates dual-special needs plans (D-SNPs) in our southeast and central Pennsylvania markets serving approximately 3,200 dual eligible members.
- Experience with our D-SNPs gives us a deep understanding of the complex, multi-dimensional care needs of dual eligibles.

Experience Managing Behavioral Health and Pharmacy Benefits

Behavioral Health	Pharmacy
PerformCARE®	PERFORMRx℠ PERFORMSPECIALTY Access. Outcomes. Personalized Care.
• Full Service Behavioral Health Managed Care Organization (MCO). • Part of the AmeriHealth Caritas Family of Companies since 2008. • First Pennsylvania-based Behavioral Health MCO with Medicaid NCQA Accreditation.	• PerformRx manages pharmacy benefits. • PerformSpecialty is a specialty pharmacy business that provides case management and fulfillment of specialty medications. • Serving over 3.2 million lives in 13 states and the District of Columbia with extensive experience managing Pharmacy Benefits for Medicaid beneficiaries. • Both PerformRx and PerformSpecialty complement other services provided by the AmeriHealth Caritas Family of Companies.

Achieving integrated and coordinated care for Medicaid beneficiaries through the AmeriHealth Caritas Family of Companies.

Benefits of Managed Care

Managing special populations, including behavioral health, intellectually and developmentally disabled, and those with long-term care needs, through a capitated full-risk Medicaid managed care model is an important step to improve access, quality and coordination of care, while controlling costs in Arkansas.

ACCESS ✓ Managed Care Organizations are responsible for building provider networks to achieve greater access for Medicaid beneficiaries.

QUALITY ✓ Managed Care Organizations are contractually mandated to maintain quality standards, including national accreditation through NCQA.

COORDINATION ✓ As the primary payer and coordinator, Managed Care Organizations have access to all information required to manage their members and serve as a primary advocate for their care.

FINANCIAL ✓ Managed care allows states to achieve budget predictability and shift financial risk for the Medicaid program to the Managed Care Organizations.

In successful programs, Managed Care Organizations serve as strong partners for its state customers and will serve as an active advocate for members to ensure they get access to appropriate health care at the right time and in the right settings.

Summary

A successful managed care program will:

- Improve the health status of the people of Arkansas by providing access to the highest quality of care;
- Provide access to right level of care at the right time in the right setting to meet the needs of the member; and
- Focus efforts to effectively coordinate health care for those most in need and at risk.

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CARE IS THE HEART OF OUR WORK

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