Health Care Reform in Arkansas

Arkansas Health Reform Legislative Task Force
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Magellan Health

Magellan Healthcare

- Fully integrated health care management and care coordination for Medicaid and Medicare eligible members, with an expertise with complex, co-morbid conditions
- Enhanced technology capabilities supporting members, providers and care managers
- Management of new medical technologies
- Management of specialty physical health services, radiology benefits for special populations
- Pain management product and expanded cardiac product

Serving more than 52.5 million lives

Magellan RX Management

- Total drug management
- Medicaid Pharmacy benefit administration/management for 26 States (including AR)
- Medicaid MCO product expertise
- Medical pharmacy enhancements

Serving more than 10 million lives

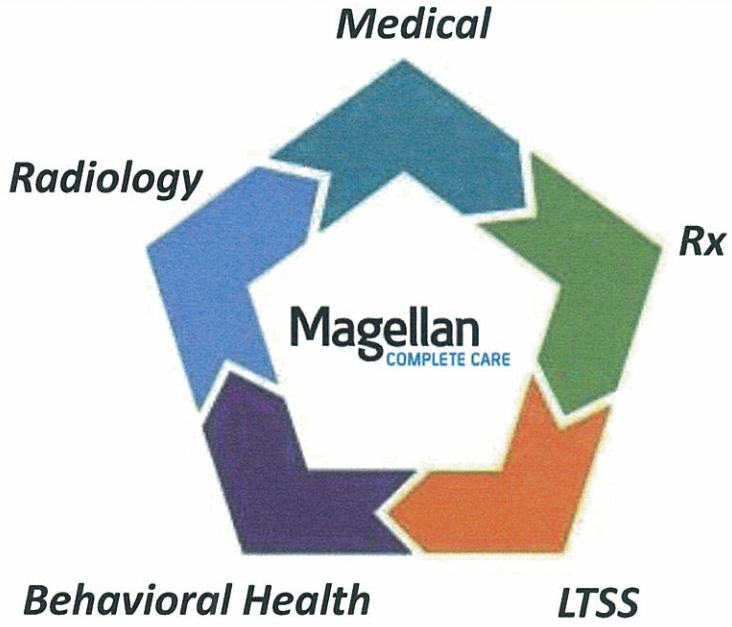
Magellan Fast Facts

- Serve more than 3 million Medicaid covered lives
- We serve under multiple State Medicaid designs (Capitation of all Medicaid benefits, Specialty Carve Out, or Specialty Carve out with care coordination)
- Multiple locations with business sites in every Medicaid market served
- National accreditations (NCQA, URAC)
- Partner with health plans, employers, state/local/federal government
- Partner with the military
- 77,000+ in-network providers/facilities of all types
- Over 7,500 employees

What is Magellan Complete Care?

- **A health plan focused on the holistic care of individuals with complex needs.**
- **A health plan that integrates medical, behavioral health, pharmacy and long-term services & supports across the Medicaid and Medicare programs**
- **A health plan that is uniquely positioned to care for a variety of vulnerable Medicaid populations**

Internal Integration = Improved Coordination



A Health Plan for Vulnerable Populations

Medicaid Health Plan

- Medicaid MCO (TANF, ABD, Duals, etc.)
- Medicaid Specialty Plan for Individuals with Serious & Persistent Mental Illness
- Medicaid Managed Long-Term Care Plan

Medicare Advantage Health Plan

- MA-PD
- D-SNP
- I-SNP

Medicare-Medicaid Health Plan

- Duals Demonstration

Program Design Recommendations

- Person Centered Care Planning
- Integrated, Comprehensive Service Package
- Broad, Accessible Provider Network
- Evidence-Based Protocols To Guide Care Management
- Continuous Stakeholder Engagement
- Emphasize HCBS for Integrated, Least Restrictive Settings
- Innovative Provider Payments for Goal Alignment
- Quality and Member Satisfaction Metrics
- Partnerships with Advocacy and Community-Based Organizations

Design Considerations

Differences from FFS

- Assurance of the Predictability of Cost
- Advanced analytics that matches member need to the appropriate level of care along with care coordination
- The Flexibility to Create new Community Based Services with the savings created by assuring members receive medically necessary services in lower levels of care
- Ability to create Preferred Provider Networks for selected services and offer Value Based Purchasing initiatives

Success Factors

- Stakeholder Communication initially and ongoing
- Continuity of Care
- Address social determinants of health (e.g., employment)
- Provider outreach & engagement
- Auto Assignment – Limited Opt Out
- Realistic Implementation timelines
- State-wide Implementation in a state the size of AR

Thank You