Advancing holistic care with integrated behavioral health services

As an industry leader in truly integrated care coordination services, our Medicaid affiliates manage integrated behavioral health services for more than 5.8 million members in 20 markets. We do not separate the management and delivery of acute and primary care services from behavioral health (mental health and SUD) or social services and supports.

We advocate a holistic approach to care, and a hallmark of our care coordination includes understanding regional and community challenges, adapting our programs and services to address those challenges, and developing strategic partnerships with community resources, providers, and local agencies to improve our members’ quality of life and health outcomes.

High touch model leads to lower costs
Rising Star is a specialized care coordination program that focuses on members who have frequent psychiatric hospitalizations and a pattern of receiving care across multiple psychiatric hospitals and psychiatrists.

Rising Star aims to reduce psychiatric admissions by linking members to one home psychiatric hospital and attending psychiatrist, through consistent collaboration and communication with the member and provider community to promote the most appropriate setting for care.

In the first six months of the program, our Florida health plan affiliate has seen a 24.5% decrease in inpatient hospital costs.

Behavioral health resources for primary care
Our Primary Care Integrating, Screening, Identification, Treatment, and Evaluation (PC-INSITE) of behavioral health conditions program brings the expertise of behavioral health coaches and supporting psychiatrists into primary care offices. Through PC-INSITE, we support PCPs by bringing in behavioral health coaches who conduct screenings and assessments. The screening measures a severity score that guides the behavioral health coach, in collaboration with the PCP, on referrals to specialists and the use of antidepressant medication. The behavioral health coach provides ongoing support and monitoring to verify member engagement and integrated care coordination.

6.4 million members served in Medicaid and other state-sponsored programs
762,000+ members who are ABD in 16 states
75,000+ members with I/DD for acute medical in 14 markets with integrated I/DD in 3 states
414,000+ members who are dually eligible in 21 states (Includes Medicare and dual demonstrations)
361,000+ members in programs with integrated LTSS in 9 states
Opioid Strategy = Prevention + Treatment and Recovery + Deterrence

Our parent company is taking a leadership role in addressing the opioid crisis through a holistic, overarching strategy for all lines of business. We are committed to reducing opioid drug abuse while promoting clinically appropriate patient care. Our forward thinking initiatives aimed at tackling the opioid crisis include, but are not limited to, the following:

- We have aligned our pharmacy benefit management strategies with the March 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, with robust exceptions for clinically appropriate circumstances.
- We have made Medication Assisted Treatment (MAT) therapy a priority as part of our overall strategy to combat substance use disorders, including opioid use disorders. We do not require prior authorization for MAT. We are also working closely to encourage physicians to become MAT certified by providing ongoing technical assistance and training.
- We have committed to funding and expanding the Extension for Community Healthcare Outcomes (ECHO) Project in rural areas nationwide throughout 2018 and 2019, which supports training and the sharing of best practices among clinicians and communities, including MAT.
- We do not require prior authorization for the life-saving overdose reversal drug Naloxone.
- We address chronic pain through a holistic and integrated approach to care and services, and support a range of non-opioid pain treatments.
- We implement innovative programs targeted to specific populations.

#1 Americans consume more opioids than any other country¹

#1 Overdoses are the leading cause of death of Americans under age 50²

5X Increase of babies born with Neonatal Abstinence Syndrome³

1 in 7 Adults with SMI misuse opioids⁴

Enterprise Performance Reported August 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>-10.4%</th>
<th>-13.7%</th>
<th>-23.4%</th>
<th>-25.5%</th>
<th>-31.4%</th>
<th>-35% (goal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Actual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>Projected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td>Goal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td>Goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Goal</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-35% (goal)</td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reduce Prescribed Opioids Filled at Pharmacies by 35% by 2019

- We set a goal to reduce by 30% the number of prescribed opioids filled at pharmacies for our members since 2012, which we reached in 2017 — two years ahead of our target date.
- We’ve updated the goal to reach a 35% reduction by the beginning of 2019.

- Additionally, we set a goal to double the number of our members who receive comprehensive Medication Assisted Treatment (MAT) by the end of 2019. Due to provider shortages in rural areas in particular, this is an ambitious goal, but one we are firmly committed to achieving.

Behavior Health Quality Incentive Program (BHQIP)

BHQIP incentivizes Core Service Agencies (CSAs), Community Mental Health Centers (CMHCS), and other high-volume behavioral health (BH) professional groups to improve coordination of members’ physical health (PH) and BH needs and the quality of care provided to those with BH conditions. Providers receive incentive payments for achieving performance targets on specific measures. We send incentive payments to providers annually.