

Our behavioral health solutions

Meet our parent company *Magellan Health*

- Worldwide customer and member base
- 9,000+ employees
- Magellan Healthcare, Magellan Rx Management and Magellan Federal

Magellan Healthcare *Our behavioral health (BH) difference*

- Experience
- Analytics
- Technology
- Innovative clinical programs

Core BH components

- **Care management**
Ensure care is aligned and integrated with medical delivery systems
- **Network**
Deliver top BH and specialty providers
- **Utilization management**
Deliver the right treatment at the right time

Magellan's approach to behavioral health

Magellan Healthcare (Magellan) has a unique vision of better and more affordable healthcare for adults, children and their families.

With over 50 years of BH experience with Medicaid, other public sources of funding and commercial health plans, we have a deep understanding of the complex needs of special populations and how to garner the best health outcomes for those we serve.

Magellan is the unequalled partner to help states, local governments, and health plans manage healthcare costs. We take a consultative approach to working with our customers and other stakeholders. Our flawless execution yields long-tenured contracts and continuous expansion.



Public behavioral health business overview

Best in class approach

- ✓ Complete person perspective brings a new level of care and value
- ✓ Specialization in addressing the most complex, costly areas of care
- ✓ Core managed care capabilities and Medicaid expertise
- ✓ Industry leader in BH Specialty Managed Care
- ✓ Value-based arrangements
- ✓ Innovative use of peer support and recovery specialists
- ✓ Comprehensive treatment continuum for Opioid Use Disorder (OUD)/Substance Use Disorder (SUD)

Current state business models

- » Medicaid Managed Behavioral Health (Risk/ASO)
- » Children's Care Management
- » Coordinated System of Care

Areas of additional expertise

- » Child welfare
- » Justice system
- » Crisis systems
- » Intellectual & developmental disabilities

Health outcomes for the communities we serve



43% decrease

in psychiatric inpatient admissions through our Certified Peer Support Program in Pennsylvania



73% of children

in Florida from vulnerable situations were able to stay in a home and avoid inpatient care



73% of children

in Louisiana show improvements in clinical functioning



74% savings

to care for Wyoming youth in Magellan's High-Fidelity Wraparound program vs. inpatient care



60% reduction

in ED member visits for the New Mexico Centennial Care Program through enhanced care coordination



52% increase

in prescriber appointments for Medication-assisted Treatment (MAT) in Pennsylvania

"Magellan's unique approach to managing services encompasses distinctive methodology that far exceeds contractual obligations."

– Current Pennsylvania public sector county customer

Commercial behavioral health plans business overview

Magellan's Behavioral Healthcare Management Solution combines advanced clinical approaches and innovative technology to improve member outcomes. The Magellan difference:

1 Identification

Analytics help identify undertreated individuals early and point to interventions.

Utilization management, with a range of automated and expert reviews, helps ensure the right treatment is delivered at the right time.

2 Intervention

Behavioral health screenings help identify potential behavioral health issues, including substance use, and direct members to treatment.

Peer support connects members with community and social support.

Care management helps ensure care is aligned and integrated within medical delivery systems. (See below)

Innovative clinical programs are used to manage high-cost, complex populations.

3 Technology

Digital tools help identify, engage, educate and increase access to behavioral healthcare.

Analysis of behavioral, medical and pharmacy costs to customize care pathways.¹

Magellan Care Management Program Mitigates Costs

Magellan's Care Management Program has had a significant impact in reducing the rate of increase in total medical cost spend for those patients who have been enrolled in the program. Patients are targeted for the program based upon likelihood of admission and other high acuity clinical triggers predicting escalating costs. Targeted patients have higher than average spend, but are also predicted to incur even greater expense. Not all referred patients are able to be enrolled in the program. However, once enrolled, further cost increases are highly mitigated.

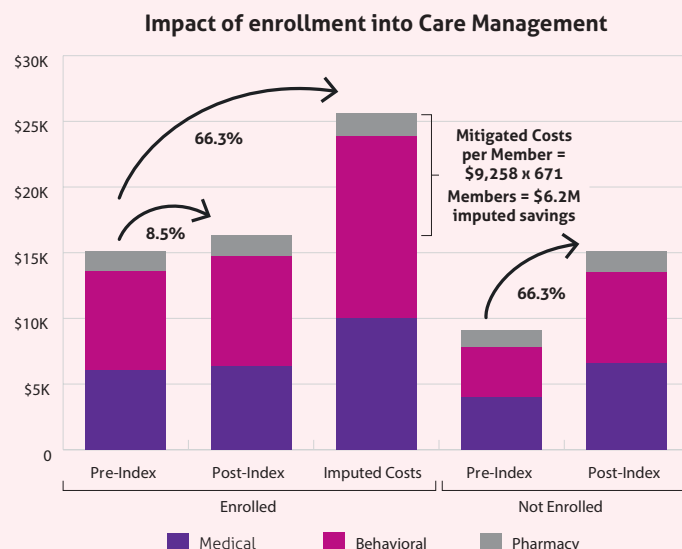
Patients *enrolled* in the Care Management Program experienced only an 8.5% increase post discharge.

Patients *not enrolled* in the program experienced a 66.3% increase in the period after referral.

If the same rate of cost increases were seen in the enrolled population as the un-enrolled population, the program would have incurred an additional \$6.2M.

For Enrolled Patients, the pre-Index period is defined as the 180 days prior to discharge, and the post-index period is defined as the 180 days after discharge.

For Not-Enrolled Patients, the pre-Index period is defined as the 180 days before referral, and the post-index period is defined as the 180 days after referral.



For more information about behavioral health services with Magellan Healthcare,
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