




The Changing Face of Medicaid in the 21st Century


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WellPoint State Sponsored Business
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State Sponsored Business

- Serve Medicaid, SCHIP, and other low-income, publicly funded programs
- Serving the health care needs of approximately 2 million members in 13 states:
 - California
 - Connecticut
 - Indiana
 - Kansas
 - Massachusetts
 - New Hampshire
 - Nevada
 - New York
 - South Carolina
 - Texas
 - West Virginia
 - Wisconsin
 - Virginia

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Medicaid Today

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WELLPOINT. **Medicaid Managed Care Innovations**

Increased data collection and analysis

- Determines specialized needs of specific populations
- Supports development of new programs & services

Enhanced services for beneficiaries

- Comprehensive coordination of care & tailored care management
- Increased access to care
- Member education & preventative reminders
- Community Resource Centers

Improved access and quality of care

- Frequent & rigorous quality audits; strict access standards
- NCQA, HEDIS, & CAHPS

= Managed care savings + Increased budget predictability

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WELLPOINT. **Medicaid Managed Care Innovations**

- Investments in new technology
- Targeted health management programs
- New delivery models

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WELLPOINT. **New Technology: Telemedicine**

Telemedicine uses telecommunications, technology, diagnostic equipment, and computers to allow patients to correspond with a distant physician or specialist or to exchange medical information.

California

- Presentation sites 63; Specialty Locations 9
- Coverage in 26 of 58 counties
- Clinical consults to date 16,450; Non-clinical 5,018
- 25 specialties. Most used: Dermatology, Psychiatry, Endocrinology, Neurology, and Pediatrics

Georgia

- SSB donated the program to GA after it was fully implemented. It is a 501(c)(3)
- Successes include:
 - All rural Georgians can access specialty care within 30 miles of their home
 - Internal Program Collaboration Website to centralize scheduling
 - 61 sites; 84 specialists representing 45 different medical specialties

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WELLPOINT. Targeted Health Management Programs

Emergency Room Initiative

• 1995 – 2005 the number of ER visits nationally increased by 20%, while the number of emergency departments decreased. The ER rate is higher for Medicaid than for Medicare, private insurance, and the uninsured.

California: 51% decrease in ER visits and a 40% decrease in inpatient admissions (1/1/2005 – 6/30/2005)

Virginia: 26% decrease in ER visits (2005 as compared to 2004)

Indiana: Recently piloted, preliminary results show:

- Increased health education
- Increased utilization of primary and preventative care
- Reduced ER utilization for basic health care

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WELLPOINT. Innovative New Models

Healthy Indiana Plan (HIP) – Consumer Directed

- Extends health care coverage to uninsured Hoosiers 19-64 with incomes at or below 200% FPL. The State, employer, and member contribute.
- Members are encouraged to utilize primary and preventative care, reduce unnecessary ER visits for basic care, and to be responsible for their care through a consumer-directed POWER account.
- POWER Account:
 - Preventative care is free
 - Contains \$1,100 for medical expenses
 - After a member utilizes \$1,100, WellPoint covers 100% of costs for most services
 - Balance rolls over year to year

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WELLPOINT. Innovation Leads to Improved Outcomes and Lower Costs

In 2 regions where SSB competes with FFS, results showed:

- SSB vs. PCCM program in Northern Virginia savings were 20%
- SSB vs. FFS in Northern California savings were 24%
- Inpatient hospital and emergency room utilization significantly lower under managed care than FFS

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