

Kansas Medicaid and Tele-Health Opportunities

February 2015



UnitedHealth Group

Health Services and Health Benefits



Health care coverage and benefits:

- Employer & Individual
- Medicare & Retirement
- Community & State
- Military & Veterans
- International

**Helping people live
healthier lives**



Information and technology-enabled
health services:

- Technology solutions
- Intelligence and decision support
tools
- Health management and
interventions
- Administrative and financial
services
- Pharmacy solutions

**Helping make the health
system work better for
everyone**

UnitedHealth Group Kansas Presence



Employees & Lives Covered

Business	Employees 2010	Lives Covered 2010
Corporate	3	
Optum Corporate	121	
OptumHealth	73	
OptumInsight	95	
OptumRx	1,335	
UnitedHealthcare Community & State	174	126,142
UnitedHealthcare Corporate	177	
UnitedHealthcare Employer & Individual	28	235,565
UnitedHealthcare Medicare & Retirement	5	35,497
UnitedHealthcare Military & Veterans	14	126,854
Total	2,025	523,998
+1,664 contractors		

Real Estate Obligations

Total between - 7
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Financial Investment

Annual Financial Investment 2010	Amount
Taxable Wages	\$122,845,756
State Withholding	\$4,389,123
Local Withholding	
Benefits	\$27,473,265
Employer SUI	\$1,116,595
Contractor Spend	\$3,488,917
Income, Personal Property & Premium Taxes	\$4,591,267
Sales/Use Taxes	\$222,206
Real Property Spend	\$11,083,602
State or Political Subdivision Municipal Bonds	\$32,358,270
Total	\$208,278,002

Community Investment 2010

Business & Corporate Giving	\$209,571
Employee Giving Campaign	\$167,864
United Health Foundation Giving	
Medical Network	
Providers Under Contract	7,700
Hospitals Under Contract	146

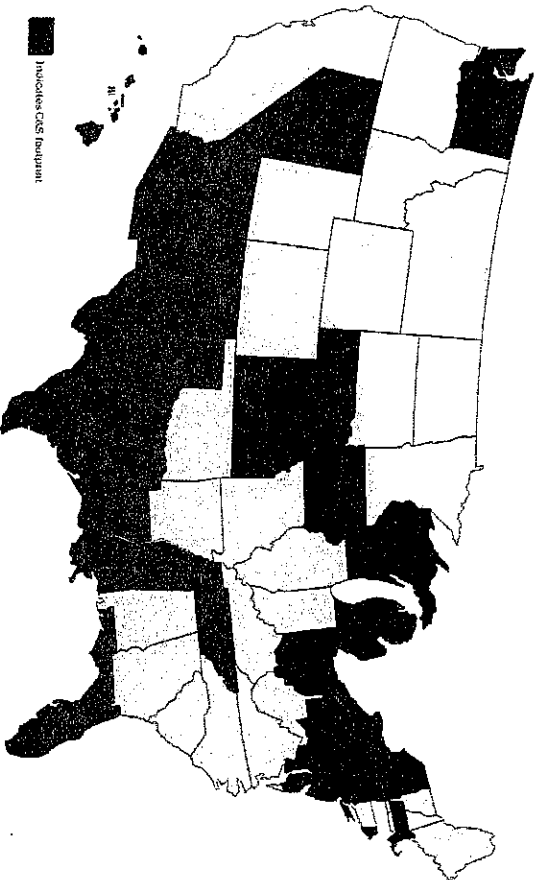
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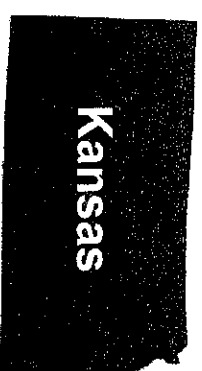
UnitedHealthcare Medicaid Experience Program Highlights



Community and State



- Over 5M members across all populations and products
- Operations in 26 markets
- Largest Medicaid managed care company in the US



Kansas

- 126,000 members statewide (32% of eligible members) across all populations
- Nearly 20,000 providers including medical, pharmacy, dental, behavioral health and community-based (HCBS)
- On track to pay over \$700M in total claims in 2014 (as of 1/31/15)
- Provided over \$3.2M in value added services in 2013 and 2014 (through November), including incentives for completing preventive visits and additional dental and vision benefits
- Contributed over \$1.4M in grants to community organizations since start of contract, focused on helping individuals with disabilities find employment

Tele-health Overview

Definition

"The practice of medicine using electronic communications, information technology or other means between a provider in one location, and a patient in another location. It typically involves the application of secure videoconferencing, data transmission or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional encounter in person between a provider and a patient"

Includes:

- Virtual Specialty Clinics
- Direct-to-Patient Services
- Tele-monitoring
- eICU and ER
- Store and Forward

Why Telehealth?

Reduce Disparities and Enhance Access:

- Mobility or transportation limitations
- Physician / Specialty shortages
- Distance

Improve Timeliness and Reduce Cost of Care, while Maintaining Quality:

- Reduction in ER and IP admissions
- Clinical monitoring
- Earlier, more frequent, less expensive intervention

Drive Innovation

- Integration of tele-health with "value based contracting" and/or health homes
- Inter-operability and info exchange

Policy Considerations

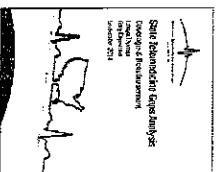
No artificial, non-medical restrictions (IE: geography / distance, patient setting, provider types, originating site)

State-wide parity for coverage (same coverage as in-person, with similar medical policies)

Flexibility for providers and MCOs

Source: American Telemedicine Association

Kansas and Tele-health Comparison and Utilization Data



State by State Comparison:

- Graded a "B" by the American Telemedicine Association, based on 13 criteria including parity laws, eligible providers, setting restrictions, coverage in Medicaid and State employee plan
- Link to report: <http://www.americantelemed.org/policy/state-policy-resource-center>

Telemedicine and Medicaid

- Currently a billable service under KanCare, for certain codes including:
 - Mental health
 - Consultation
 - Office Visits
 - Individual Psychotherapy
 - Pharmacological management
- Payment set at Medicaid rates for distance site, with \$20 reimbursement for originating site
- 2014 UHC mental health tele-med utilization →

Tele-Monitoring FE Waiver Benefit

- Currently covered under KanCare for FE members
- Includes set-up and monthly per member reimbursement for monitoring and member support
- UHC Utilization:
 - 66 FE members enrolled in tele-monitoring

Type of Service	Total Paid
ALCOHOL AND/OR DRUG SERVICES	\$2,502
CRISIS INTERVENTION SERVICE	\$174
FAMILY PSYCHOTHERAPY	\$9,362
OFFICE/OP VISIT, EST PT, 2 K	\$67,820
OFFICE/OP VISIT, NEW PT, 3 K	\$12,668
PSYCHIATRIC DIAGNOSTIC EVALU	\$10,309
PSYCHOTHERAPY	\$15,100
SCREENING	\$90,300
TELEHEALTH ORIGINATING SITE	\$13,565
OTHER	\$170
Grand Total	\$215,972

Partnership with Windsor Place Tele-Monitoring Pilot



Objective

- Evaluate quality and cost outcomes resulting from expansion of tele-monitoring benefit to additional KanCare Populations (PD and ABD)

How It Works

- UHC: Identifies and "enrolls" members
- Windsor Place:
 - Installs in-home tele-station to monitor vital signs
 - Transmits daily stats to RN care coordinator
 - RN alerts based on pre-set thresholds, with invention and coordination with physician



Expected Benefits

- Reductions in ER and in-patient utilization, transportation costs and nursing home admissions
- Preventative care for members with chronic disease

Pilot Participation

- 49 PD Waiver members as of 1/31
- Currently working to enroll non-waiver "Aged, Blind and Disabled" (ABD) members, with ~50 identified

Opportunities for Kansas



- Tele-psychiatry development →
- Integration into Medicaid Health Homes
- Expansion of tele-monitoring
- Improved provider / specialty access in rural communities
- Partnerships with providers and community organizations (such as KU Center for Telemedicine and Telehealth)
- Many other ideas!

