

Saving \$82 million with proactive UM and analytics focused on the most impactable members

Today's optimized care management is supported by expertise and analytics that stay a step ahead of members on their health journeys. One prime example of this is how the HGS AxisPoint solution answered to the needs of high-cost, high-need state Medicaid beneficiaries. This agency's fee-for-service demographic comprised a significant percentage of aged, blind, disabled individuals in a remote rural area, with limited access to local healthcare resources. HGS AxisPoint proactively addressed health and cost challenges with preventive care management and analytics to enroll, engage, and increase care utilization, for improved care outcomes and \$82 million in savings for the client.

With nearly 20 years of care management experience, AxisPoint Health is NCQA accredited for Population Health, Case Management, and Disease Management.

Client Challenge

With monthly enrollment of approximately 40,000 chronically ill aged, blind, and disabled, a state health and human services agency needed to mitigate high costs with improved care access, engagement, and preventive care focus to address social determinants of health (SDOH).

Solution

Our HGS AxisPoint solution accurately identified and addressed impactable health risk with counseling, assessment, utilization and case management, and care planning for three key client programs:

- > Core 5 conditions + Maternity, Oncology, CKD, and Mental Health
- > Complex Case Management
- > Continuity of Care Transition



\$82.5 million
in total savings over
four years



18%
decrease in cost



60%
engagement in complex
case management



200%
of medication adherence
improvements



31%
decrease in inpatient admissions
for active cancer patients



316%
increase in follow-up
compliance post ED