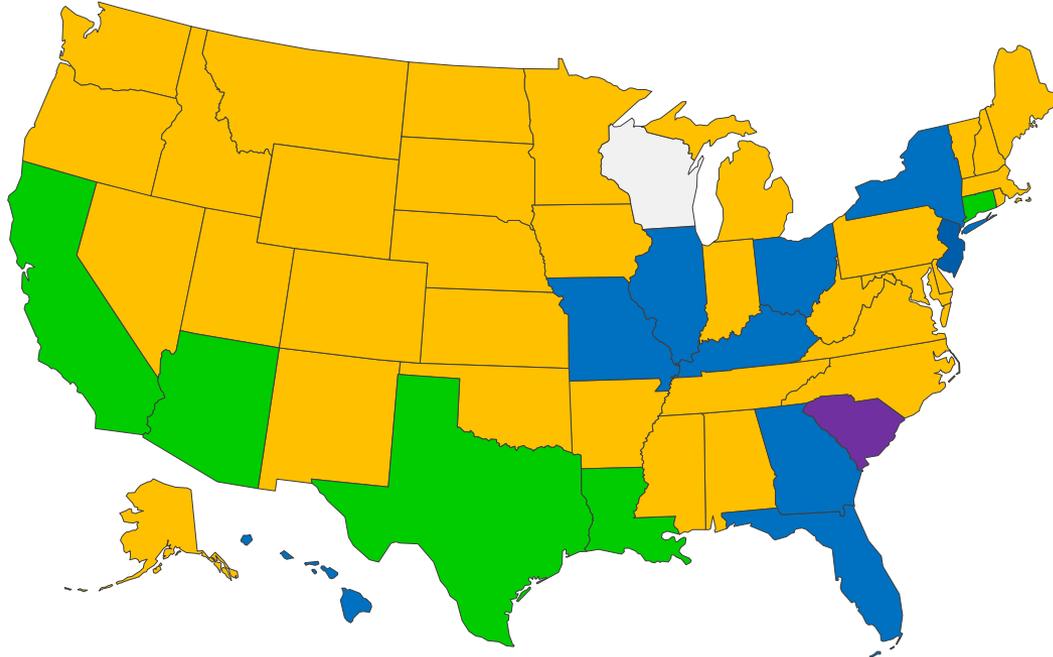


WellCare Health Plans, Inc.



## Company Snapshot



- Blue: Medicaid, Medicare Advantage & Medicare Part D PDP
- Green: Medicare Advantage & Medicare Part D PDP
- Purple: Medicaid & Medicare Part D PDP
- Yellow: Medicare Part D PDP (49 states & D.C.)

### Founded in 1985 in Tampa, Fla.

- Approximately 2.8 million members nationwide
- More than 222,000 contracted health care providers
- More than 67,000 contracted pharmacies

### Serving approximately 1.7 million Medicaid members, including:

- Aged, Blind and Disabled (ABD)
- Children's Health Insurance Plan (CHIP)
- Family Health Plus (FHP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

### Serving Medicare members, including:

- Approximately 283,000 Medicare Advantage members
- Approximately 784,000 Prescription Drug Plan members

### Serving the full spectrum of member needs

- Dual-eligible populations (Medicare and Medicaid)
- Managed Long Term Care

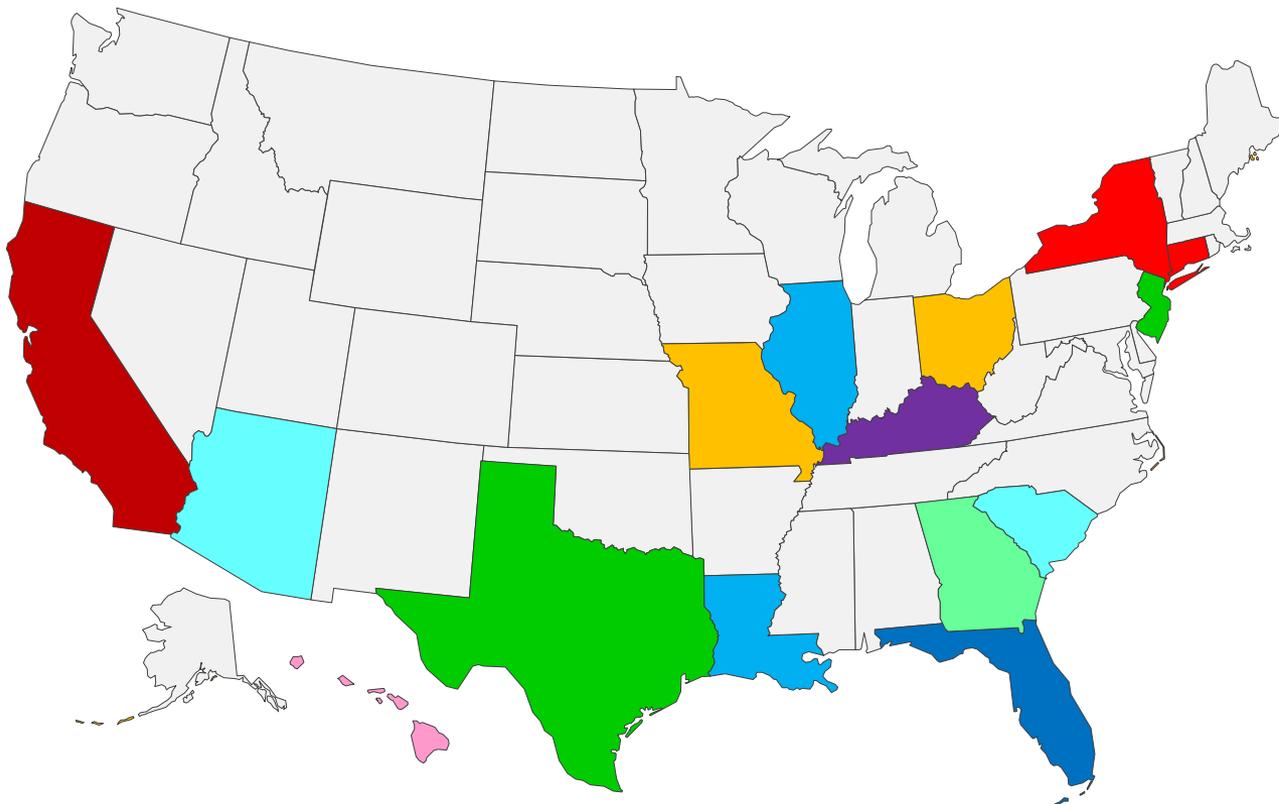
### Spearheading efforts to sustain the social safety net

- The WellCare Community Foundation
- Advocacy Programs
- Creation of Public-Private Partnerships

### Significant contributor to the national economy

- A FORTUNE 500 company
- Ranked #16 in the nation on the Barron's 500
- More than 5,100 associates nationwide
- Offices in all states where the company provides managed care

## Medicaid and Medicare Advantage Plans



State	Began Operations
Florida	1985
Connecticut	1998
New York	1998
Illinois	2004
Louisiana	2004
Georgia	2006
Missouri	2007
Ohio	2007
New Jersey	2008
Texas	2008
Hawaii	2009
Kentucky	2011
California	2012
Arizona	2013
South Carolina	2013



WellCare current service area  
(effective 12/1/13 Medicaid)



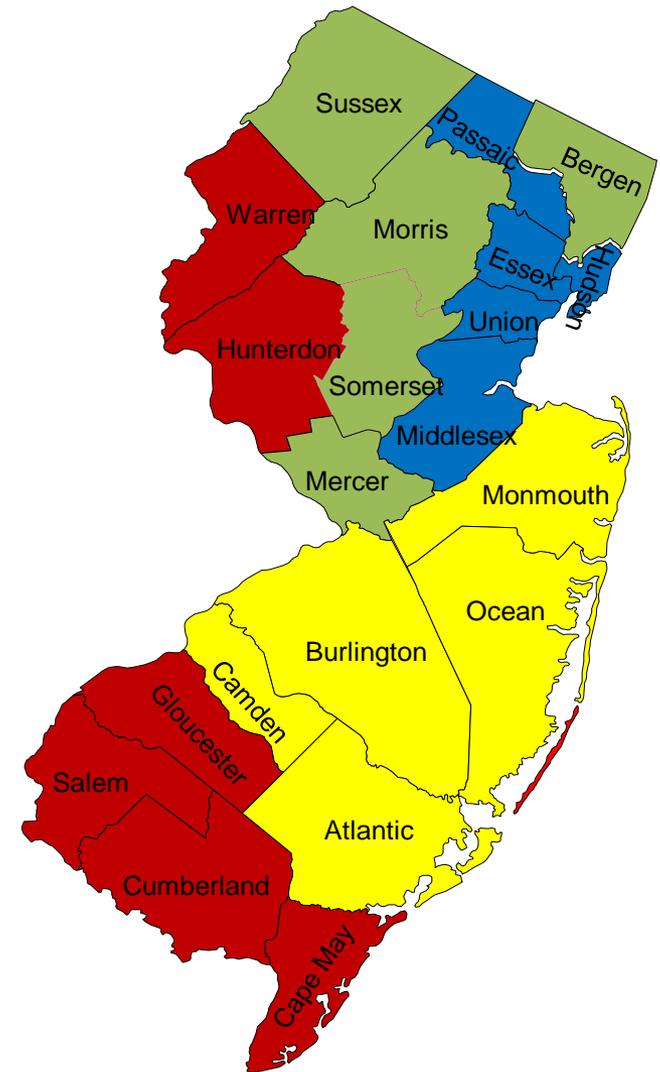
Healthfirst current service area  
(includes WellCare area)  
(Effective 7/1/14)



Phase 3 Counties (Networks  
finalized by 9/1/14)



Phase 4 Counties (Networks  
finalized by 1/1/15)





**Serving 8,800  
MLTC and ABD Members**

## New York – Advocate and Advocate Complete

- Delivering state plan and waiver LTSS services to a growing membership of seniors and disabled adults.
- Integrating home and community based services with transitions between institutional care and select acute care services.
- Providing care to a culturally and geographically diverse membership – including broad ethnic diversity and both urban and rural communities.
- Implementing new services, geographic expansions, and piloting new assessment system while working in close partnership with State partners.

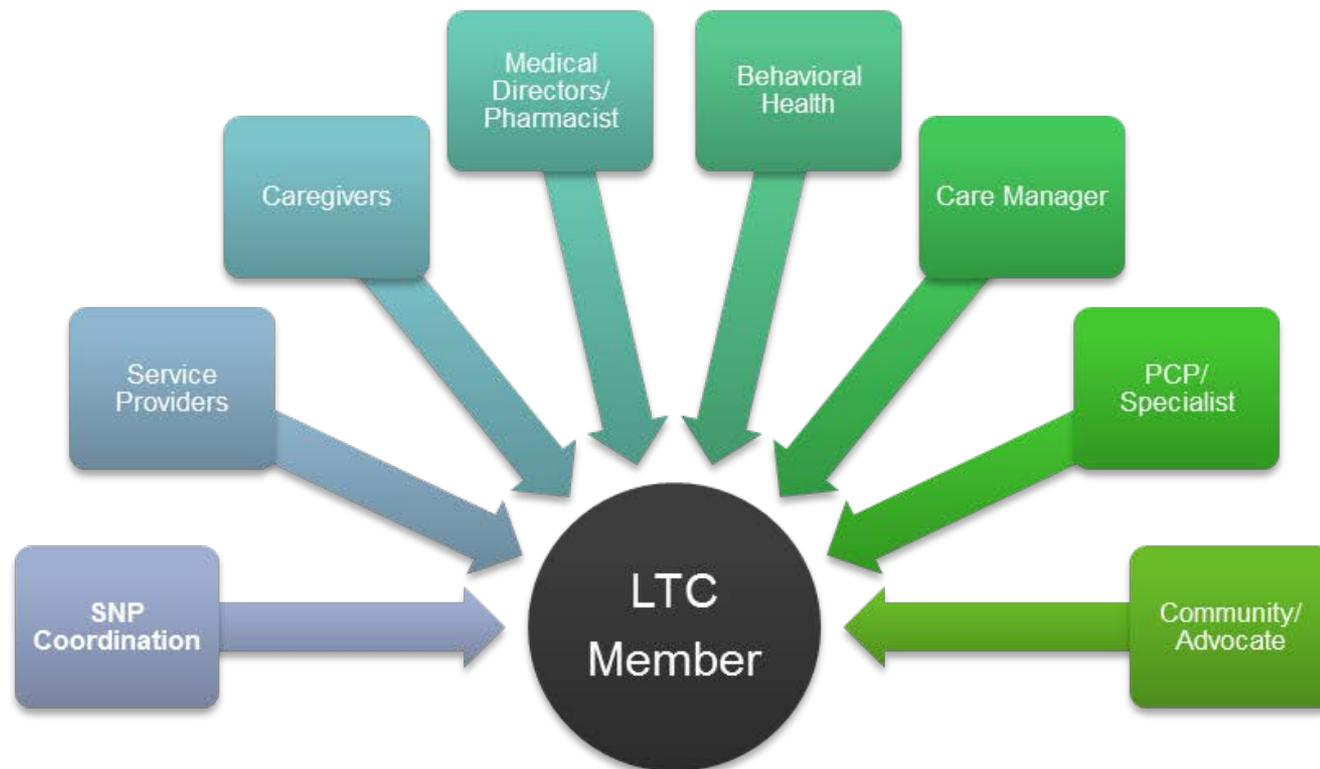


**Serving 24,000  
MLTC and ABD Members**

## Hawaii – ‘Ohana Health Plan

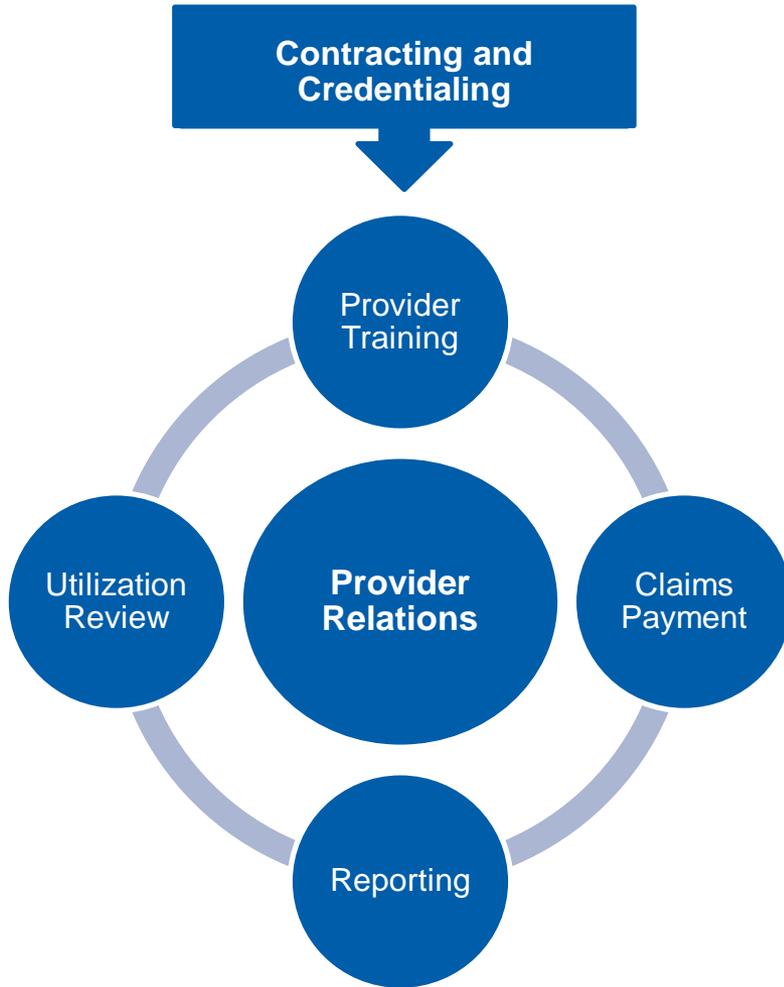
- Serving seniors and beneficiaries of all ages with disabilities, including children and those with intellectual and developmental disabilities.
- Increased the percentage of members receiving community based services from 46% to 59% since 2009.
- Developed a multi-tier payment rate structure to encourage community based providers to deliver service to more members.
- Recognized by the Center for Health Care Strategies (CHCS) as an innovative and best in practice managed long term care program.±

± Profiles of State Innovation: Roadmap for Managed Long Term Care Services, Published November 2010, By Center of Health Care Strategies.  
[http://www.chcs.org/publications3960/publications\\_show.htm?doc\\_id=1261187](http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261187)



## ***Integrated Care Management and Coordination of Care can:***

- Enhance quality of life for members and family caregivers.
- Provide value to state customers and members.
- Decrease inpatient readmissions.
- Reduce over-utilization across multiple segments.
- Reduce non-emergency ground transportation costs.
- Reduce inpatient bed days.





## Contact

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