

Diamond Designation™ Program

Program Year 2022

wellcare™



Frequently Asked Questions

The following are answers to some of the more common questions about the Diamond Designation™ Program. If you have any additional questions, please visit www.wellcare.com/Providers/Medicare/Diamond-Designation-Program or email DiamondDesignation@wellcare.com.

How do you use the evaluation results from the Program?

Many of our primary care providers want to understand more about the quality and efficiency of physicians and other clinicians. Evaluation results from the Program are made available to our primary care providers to consider as they make decisions to refer patients to specialty care. We inform the primary care providers that program determinations should not be the sole basis of their decision-making.

What providers do you evaluate?

The current Program evaluates 12 areas of specialty care listed below. Providers practicing within these specialties are eligible for evaluation.

Specialty Types

- ✓ Cardiology
- ✓ Gastroenterology
- ✓ Neurology
- ✓ Psychiatry
- ✓ Counseling
- ✓ General Surgery
- ✓ Orthopedic Surgery
- ✓ Psychology
- ✓ Endocrinology
- ✓ Nephrology
- ✓ Podiatry
- ✓ Pulmonology

Why do you evaluate at a group practice level?

The Program has minimum sample size requirements to help produce fair evaluations and conclusions. Typically there is not adequate volume to make assessments at an individual provider level. Evaluating at a practice group level:

- Enables the evaluation of more practitioners; and
- Affords an overall practice perspective of performance.

Are there situations in which the Program does not evaluate certain providers within the specialty areas included?

Yes. Among other reasons, a provider may not be included because:

- They practice in a sub-specialty that is not included;
- There is insufficient data to meet minimum sample size requirements for statistical evaluation; or
- The Program does not evaluate providers within certain geographies due to specialty care access issues.

The absence of a determination on quality or cost efficiency designation should not be construed to suggest that a provider does not provide quality or efficient healthcare services.

How often are evaluations updated?

As is typical with most healthcare payer designation programs, we update the Diamond Designation™ Program results annually. Three years of claims serves as the basis for both quality and cost efficiency evaluations. This timeframe provides adequate sample size for enough of our provider network to be evaluated. Also several months of claims run-out is required to ensure that claims are completed within our systems before we use them in our evaluations.

What timeframe do you use in evaluating cost efficiency and quality?

We use a three-year period of evaluation. For program year 2022, the evaluated period is January 2018-December 2020.

How do you measure cost efficiency?

Cost efficiency evaluations are based on episode-of-care analyses. We use an episode grouper to identify and attribute condition-based episodes of care to the specialty providers that we evaluate. A comparison of actual to expected episode costs produces a cost efficiency index score that is then translated to a one- to five-star cost efficiency rating for the provider group. Risk and case-mix adjustments are performed in these determinations. Cost efficiency ratings are displayed only for providers who achieve the Diamond Designation™ quality status. Please see our Methodology White Paper for more details.

How do you measure quality?

The Program emphasizes quality over cost efficiency. We generate a binary designation for the quality dimension of evaluation. Quality designations are determined from specialty type specific quality measurements, which are primarily sourced from third-party organizations such as NCQA, CMS, and AHRQ. A comparison of actual to expected measurement compliance rates produces a quality index score that is translated into a quality designation for the provider groups. Those that meet the minimum threshold receive the Diamond Designation™ for quality. Risk and case-mix adjustments are performed in these determinations. Please see our Methodology White Paper for more detailed information.

Do you adjust for risk and case-mix?

Adjustments for risk and case-mix are an essential piece of our evaluation methodology. Our adjustments include episode type and severity mix, burden of disease, line of business (Medicaid or Medicare), and geography. Please see our Methodology White Paper for more details.

Have you accounted for how COVID-19 will potentially impact evaluations?

Yes. Since the timeframe used for evaluation includes 2020, we have performed research to better understand the impacts of COVID-19 on care patterns and outcomes. We have adjusted the program methodology to address such impacts. Please see our Methodology White Paper for more details.

If I am one of the specialty types evaluated, how do I get a copy of my results?

You have the opportunity to receive an overview of your results by requesting your group's Summary Report. You may further review your group's data in detail, including each quality measurement used to evaluate quality and each episode of care used to evaluate cost efficiency. The Detailed Data Report is available for this purpose. If you would like a copy of either of these reports for your practice group, please email the Program Team. Our email address is **DiamondDesignation@wellcare.com**. **Please be sure to include your name, the name of your group practice, and your group's Tax ID so that we can provide the correct report for your group.** Note that we are not able to evaluate some specialty practice groups due to minimum sample size requirements and other reasons as noted above.

Can I look at my results before my information is shared?

Email or fax notifications are sent out to evaluated specialty providers once evaluations are completed. Evaluated providers also may request reconsideration of their results before they are shared with primary care providers. The deadline to submit reconsideration requests and the date that results will be made available to the primary care providers (the program effective date) will be included in the notification.

Where can I get more information?

For more information, please visit **www.wellcare.com/Providers/Medicare/Diamond-Designation-Program**. We value your feedback and welcome your questions. You may reach the Program Team at **DiamondDesignation@wellcare.com**.

Important Notes about the Diamond Designation™ Program

The Diamond Designation™ Program aims to assist primary care providers in making more informed decisions for specialty care referrals based on standard methods in evaluating quality and cost efficiency. Quality is emphasized over cost efficiency in the evaluation process. Primary care providers are informed that determinations from the Program should not serve as the sole basis for specialist provider selection. We evaluate specialty provider quality and cost efficiency for in-network providers at a practice group level based on tax identification number. The current Program evaluates 12 specialty types: cardiology, counseling, endocrinology, gastroenterology, general surgery, nephrology, neurology, orthopedic surgery, podiatry, psychiatry, psychology, and pulmonology.

Information from the Diamond Designation™ Program is not an endorsement of any provider or their delivery of care. Physicians are solely responsible for evaluating the needs of our members and directing them to the most appropriate healthcare services. The Diamond Designation™ Program does not certify the quality of care nor the cost efficiency of care that members receive from evaluated providers. Determinations from the Diamond Designation™ Program are only a partial evaluation of cost efficiency and quality and should not solely serve as the basis for specialist provider selection. Participating specialists are not agents of Wellcare and are solely responsible for the treatment and outcomes of their patients. Physicians participating in our networks have met specific minimum credentialing requirements. Wellcare members continue to have access to all physicians in our network according to their benefit plan and in no way are limited to certain providers based on evaluations under this program.

The Diamond Designation™ Program methodology for evaluation is based on national standards and incorporates feedback from physicians and other clinicians. Although there is risk of error in evaluations, Wellcare aims to produce evaluation results that are as accurate as possible. Specialty provider groups evaluated within the Program may request a change or correction to information used to determine their cost efficiency or quality scores. The absence of any quality or cost efficiency determination should not be construed to suggest that a provider does not provide quality or efficient healthcare services. Reasons a provider may not have a determination available for quality or cost efficiency include but are not limited to: 1) they practice in a specialty that is not evaluated by the Diamond Designation™ Program; or 2) there is insufficient data to meet minimum sample size requirements for statistical evaluation.

For the 2022 program year, research was performed to identify and address COVID-19 impacts to evaluation results. The methodology used to evaluate specialists within the Diamond Designation™ Program is subject to change from year to year.

The information contained in this Frequently Asked Questions document is subject to change.



Have questions or feedback for us? Please contact
DiamondDesignation@wellcare.com.

For more information on methodology or other program details, please visit
www.Wellcare.com/Providers/Medicare/Diamond-Designation-Program.

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