WellCare At A Glance

- 9 Medicaid States
- 2.4M lives
- 15 MA States
- 337K lives
- 49 PDP States
- 1.1M lives
- Associates
- 6,700

Medicaid, Medicare Advantage, and PDP Medicare stand-alone PDP Medicaid and PDP

Service area as of January 2015
WellCare: Working with Providers to Improve Member Care

- **Address Member and Provider Needs**
- **Care Gap Identification & Education**
- **Improve Quality Outcomes**
- **Embedded Care Management**

*Closing Gaps in the Safety Net*

- Developing Programs tailored to local needs
- Demonstrating our Commitment to the Communities we serve
“An Investigation of Medicare Advantage Dual Eligible Member-Level Performance on the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Measures.”

**Sample MA Member Characteristics, 2013**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Dual Eligible Members</th>
<th>Non-Dual Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability as original reason for entitlement</td>
<td>46.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Alcohol/drug/substance abuse</td>
<td>7.0%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>12.9%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Bipolar/major depression</td>
<td>22.1%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Dementia</td>
<td>19.4%</td>
<td>13.1%</td>
</tr>
<tr>
<td>7+ different medications prescribed during year</td>
<td>62.9%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Live in poverty-stricken area (neighborhood with median household income &lt;$20,000)</td>
<td>29.3%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>
Differences in member characteristics between dual and non-dual members account for 70% or more of the performance gaps observed in the 7 Star Measures evaluated.

- If these measures were statistically adjusted to control for the differences in characteristics associated with lower performance, the observed disparities in Star Measure scores could be reduced by 70% or more.

Key Finding:

Differences in sociodemographic characteristics were consistently a main contributor to the performance gap, explaining at least 30% or more of the observed disparity in each of the 7 Star Measures evaluated.
FIGURE 2. CONTRIBUTION OF DIFFERENCES IN CHARACTERISTICS BETWEEN DUAL ELIGIBLE AND NON-DUAL ELIGIBLE MA PLAN MEMBERS TO THE PLAN ALL-CAUSE READMISSIONS RATE GAP (%)

Living in a poor neighborhood (poverty rate) 23%
Renal Disease 14.9%
Dementia 14.5%
Living in a county with physicians per 10,000 11.9%
COPD 8.1%
Congestive Heart Failure 7.4%
Schizophrenia 6.3%
Liver Disease 6.2%
Amputation 5.2%
Paraplegia/Hemiplegia 4.1%
Renal Dialysis Status 3.3%
Cerebrovascular Disease 2.6%
Anxiety 1.7%
Brain Damage 0.4%
Acute Myocardial Infarction 0.0%
Ostomy -0.1%
Peptic Ulcers/Gastrointestinal Disease -0.2%
Gender -2.5%
Oxygen/Ventilator Dependence -4.2%
Cancer -15.8%

TOTAL CONTRIBUTION TO PERFORMANCE GAP = 81.8%
Short-Term Recommendation

- 10 out of 19 measures analyzed do not have a strong association* with Dual/LIS status.
  - We recommend no changes to the measure specifications, but will continue to examine them.
- 9 of the 19 measures revealed a strong association with Dual/LIS status.
  - For 7 of the 9 measures, we recommend additional research and a modification of their weights for the 2016 Star Ratings Program.
  - For 2 of the measures, we recommend further research, but no modification of their weights for the 2016 Star Ratings Program.

* The definition of a “strong association” is provided on the previous slide.
Additional Research Recommendation

• Since there is no clear indication that dual status is the sole underlying factor of the observed differences and perhaps, there may be multiple factors driving scores, CMS recommends additional research.*
  
  ○ Prematurely acting on an observed association and permanently modifying the Star Rating Methodology by classifying the effect as a Dual/LIS effect may have unintended consequences such as masking true disparities in care or controlling for the incorrect underlying factor.

* This recommendation aligns with MedPAC and others who suggested the need for research to identify if the differences are due to Dual/LIS status or other factors.
### Weighting Recommendation

Modified Weights: Each of the seven measures recommended for a revised weight will have their weights reduced to one-half of the 2015 Star Ratings weight for the measure.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2015 Weight</th>
<th>2016 Revised Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Type: MA and 1876</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Osteoporosis Management in Women who had a Fracture</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Diabetes Care – Blood Sugar Controlled</td>
<td>3.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Rheumatoid Arthritis Management</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Reducing the Risk of Falling</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Contract Type: PDP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Adherence for Hypertensions (RAS Antagonists)</td>
<td>3.0</td>
<td>1.5</td>
</tr>
</tbody>
</table>
“CMS is firmly committed to continuing to identify the issue more precisely (i.e., to identify the effect on specific measures) and to build the foundation for a solution that appropriately addresses the issue… Given the uncertainty about what factors are driving the associations observed in the preliminary research, further in-depth examination by CMS, our HHS partners, MAOs, and Part D sponsors in quality measurement, as well as external measure developers, is warranted….We recognize that the solution must acknowledge the unique challenges of serving traditionally underserved subsets of the population…Upon completion of additional research, adjustments for the 2017 Star Ratings or other appropriate adjustments would be proposed in the fall Request for Comments. Depending on the research findings, solutions could include case-mix adjustments, different weighting options, excluding certain measures, or payment solutions. As we continue to explore this important issue, we will continue to be transparent and welcome collaboration with all stakeholders.”