



Diamond Designation™ Program

PROGRAM YEAR 2024



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.DiamondDesignation.com or email ContactUs@DiamondDesignation.com.



HOW ARE PROVIDER RATING RESULTS FROM THE PROGRAM USED?

Some primary care providers want to understand more about the quality and efficiency of specialty physicians and other clinicians. Rating results from the Program are made available to our primary care providers in select states to potentially consider as they refer patients to specialty care. Also, exclusive to the Buckeye Health Plan Medicaid network of providers, a listing of providers who have achieved Diamond Designation™ is made available to potentially help inform specialty care provider selection for Medicaid members in Ohio. Individuals are advised to consider all relevant factors and that Program ratings should not be the sole basis of their decision-making. Buckeye Health Plan Medicaid members are encouraged to consult with their physicians when selecting a specialty care professional.



WHAT TYPES OF SPECIALTY CARE ARE EVALUATED IN THE PROGRAM?

The current Program includes **14 areas of specialty care** that are listed below.

SPECIALTY TYPES

- ✓ Cardiology
- ✓ General Surgery
- ✓ Ophthalmology
- ✓ Psychology
- ✓ Counseling
- ✓ Nephrology
- ✓ Orthopedic Surgery
- ✓ Pulmonology
- ✓ Endocrinology
- ✓ Neurology
- ✓ Podiatry
- ✓ Gastroenterology
- ✓ Obstetrics/Gynecology
- ✓ Psychiatry

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For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, ‘Ohana Health Plan, and TexanPlus, transitioned to the newly refreshed Wellcare brand. These Medicare plans are also affiliated with local plans dedicated to serving Medicaid members in NJ, HI, KY, and OH. If you have any questions, please contact Provider Relations.





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:

- ✓ The provider practices in a sub-specialty that is not included;
- ✓ There is insufficient data to meet minimum sample size requirements for statistical evaluation; or
- ✓ The Program is limited to certain geographies and specialties evaluated within each state can vary. Currently, the Program includes providers in Connecticut, Florida, Georgia, Hawaii, Kentucky, Maine, Mississippi, New Jersey, Ohio, and Tennessee.

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



HOW OFTEN ARE PROGRAM RATINGS UPDATED?

Our goal is to update the Diamond Designation™ Program at least every two years. Both quality and efficiency ratings are based on three years of claims data. 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 the claims used in Program evaluations are completed within our systems.

WHAT TIMEFRAME DO YOU USE IN EVALUATING QUALITY AND EFFICIENCY?

We use a three-year period of evaluation. For program year 2024, **the evaluated period is January 2020 to December 2022.**



HOW DO YOU MEASURE QUALITY?

The Program emphasizes quality over efficiency. Quality ratings are determined from specialty type specific quality measures, which are primarily sourced from third-party organizations such as NCQA, CMS, and AHRQ. A comparison of actual to expected quality measure compliance rate produces a quality index score. Provider groups that meet a minimum threshold score receive the Diamond Designation™ for quality. Risk and case-mix adjustments are also applied in the rating methodological process. A specialty group can also receive the Diamond Designation™ if at least 50% of their practitioners achieve recognition through select NCQA Recognition Programs. Please see our Methodology White Paper for more detailed information.

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HOW DO YOU MEASURE EFFICIENCY?

Efficiency ratings 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 an efficiency index score that is then translated to a one-to five star efficiency rating for the provider group. Risk and case-mix adjustments are also applied in the rating methodological process. Efficiency ratings are displayed only for providers who achieve the Diamond Designation™ quality status. Please see our Methodology White Paper for more details.



DO YOU ADJUST FOR RISK AND CASE-MIX?

Adjustments for risk and case-mix are an essential piece of our 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.



HOW DO SPECIALTY GROUPS THAT ARE RATED GET A COPY OF THEIR RESULTS?

Providers can see results of their quality and efficiency ratings by requesting their Summary Report. Additional detailed reports, including each quality measurement used to evaluate quality and each episode of care used to evaluate efficiency are available in the Detailed Report. The practice groups should email the Program Team to get copies of these reports. Our email address is **ContactUs@DiamondDesignation.com**. All requests should **include requestor's name, the name of the group practice, and the group's Tax ID so that we can provide the correct reporting**. 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 PRACTICE GROUPS REVIEW THEIR RESULTS BEFORE THE PROGRAM RATINGS ARE MADE AVAILABLE?

Yes. Email or fax notifications are sent out to specialty providers who are rated in the Program at least 60 days before Program results are made available. Such providers also may request reconsideration of their results before those results are made available to primary care providers or Buckeye Health Plan members. The deadline to submit reconsideration requests and the date that results will be made available (the program effective date) will be included in the notification.



WHERE CAN I GET MORE INFORMATION?

This document is intended to provide a general overview of the Diamond Designation™ Program. For more information or clarification of any topic discussed here, please visit **www.DiamondDesignation.com** or contact us at **ContactUs@DiamondDesignation.com**. We value your feedback and welcome your questions. You may reach the Program Team at **ContactUs@DiamondDesignation.com**.

WHAT IF I HAVE A COMPLAINT ABOUT THE PROGRAM?

Members should contact their health plan to register complaints. Buckeye Health Plan Medicaid members: **buckeyehealthplan.com/members/medicaid/resources/complaints-appeals.html**

Buckeye Health Plan MyCare Ohio (MMP) members: **mmp.buckeyehealthplan.com/appeals-grievances.html**

All other members can reference **wellcare.com/contact-us** to find their plan's toll-free Member Services phone number.

Providers should register complaints about Diamond Designation™ Program by contacting the Program Team at **ContactUs@DiamondDesignation.com**.

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IMPORTANT NOTES ABOUT THE DIAMOND DESIGNATION™ PROGRAM

The Diamond Designation™ Program makes quality and efficiency rating information available for potential use by primary care providers. Such information can help inform referral decisions for specialty care. Also, exclusive to Buckeye Health Plan Medicaid members in Ohio, a listing of Diamond Designation™ providers is made available online to potentially help inform specialty care provider selection. Quality is emphasized over efficiency in the evaluation process. Primary care providers and Buckeye Health Plan Medicaid members are advised that ratings from the Program should not serve as the sole basis for specialist provider selection. We evaluate specialty provider quality and efficiency for in-network providers at a practice group level based on tax identification number. The current Program evaluates 14 specialty types: Cardiology, Counseling, Endocrinology, Gastroenterology, General Surgery, Nephrology, Neurology, Obstetrics/Gynecology, Ophthalmology, Orthopedic Surgery, Podiatry, Psychiatry, Psychology, and Pulmonology.

Physicians are solely responsible for evaluating the needs of members and directing them to the most appropriate healthcare services. The Diamond Designation™ Program does not, in any way, certify the quality or efficiency of care that members receive from providers who are included in Program evaluations, nor should information from the Program be considered, in any way, as an endorsement of a particular provider or such provider's delivery of care. Ratings from the Diamond Designation™ Program are only a partial evaluation of quality and efficiency and should not solely serve as the basis for specialist provider selection (as such ratings have a risk of error). Other factors may be important in the selection of a specialist. Neither participating specialists nor referring providers are agents of Wellcare. Providers are solely responsible for the treatment and outcomes of their patients. Physicians participating in Wellcare networks have met specific minimum credentialing requirements. Wellcare members have access to providers in the Wellcare network according to their benefit plan and are not limited to certain providers based on ratings from the Program. The Program and its results are not utilized to determine payment under Wellcare pay-for-performance programs.

The Program is based on national standards including the emphasis of quality over efficiency of care, and is developed with feedback from consumers, purchasers, physicians, and other clinicians. Specialty provider groups who are rated within the Program may, pursuant to Program policies, request a change or correction to information used to determine their quality or efficiency ratings. The absence of any quality or efficiency rating should not be construed to suggest that a provider does not provide quality or efficient healthcare services. Reasons a provider may not have a rating available for quality or efficiency include but are not limited to: 1) The provider practices in a specialty or geography that is not included in the Diamond Designation™ Program; or 2) There is insufficient data to meet minimum sample size requirements for statistical evaluation. The rating methodology of 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 at the discretion of Wellcare.



Have questions or feedback for us?

Please contact **ContactUs@DiamondDesignation.com**.

For more information on methodology or other Program details, please visit **www.DiamondDesignation.com**.