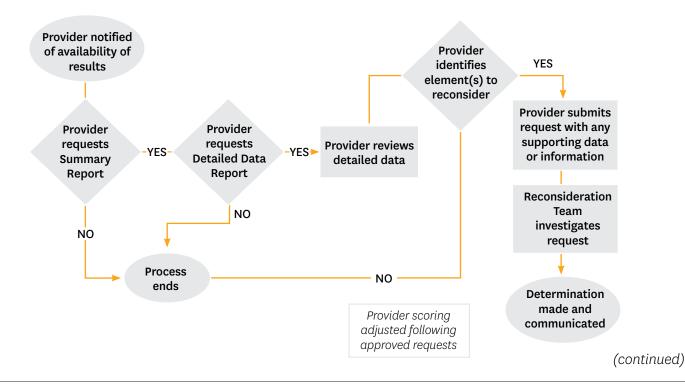


## **PROGRAM YEAR 2024**

# **RECONSIDERATION INSTRUCTIONS**

Specialty provider groups with rating information from the Diamond Designation<sup>™</sup> Program have the opportunity to request a change or correction to information used in determining their quality or efficiency scores. The process flow for such reconsideration requests is depicted in the diagram below.

Rating information from **Program Year 2024** will be made available to primary care providers, and to Buckeye Health Plan Medicaid members exclusively in Ohio, on the effective date for Program Year 2024 (the "Program Effective Date"). Reconsideration requests can be submitted at any time. However, providers who wish to have their requests reviewed and investigated prior to the Program Effective Date should submit the request at least 30 days prior to that date. Our Program Reconsideration Team will thoroughly investigate and respond to all reconsideration requests within 21 days of our receipt of a complete request submission. Various staff including medical directors, analysts, and network management staff will be involved in decisions made by the Team. If a change or correction is warranted, the provider's scoring will be adjusted accordingly.



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.



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# **NOTIFICATION OF RESULTS**

Email or fax notifications will be sent to specialty groups informing them of the availability of their Program results and the exact timing of the Program Effective Date. The Program Effective Date will be at least 60 days from the date of the notification. The deadline to submit reconsideration requests in time for correction before the Program Effective Date will also be listed in this notification. After the notification, providers can request a report of the results for their specific practice group by contacting the Program email inbox at **ContactUs@DiamondDesignation.com**. There will be two levels of reporting available to the specialty groups:

- 1) Summary Report; and
- 2) Detailed Report.

Either or both reports may be requested. We recommend reviewing the Summary Report initially to understand overall quality and efficiency ratings. The Detailed Report is meant to specifically support any needed "deep dives" into each specific quality measurement and each episode of care used to assess efficiency. We will send such reports electronically, all within three (3) business days of an emailed reconsideration request.

### SUBMITTING A RECONSIDERATION REQUEST

After reviewing their results, a specialty group can submit a request to reconsider their scoring by emailing the request to the Program's email inbox at **ContactUs@DiamondDesignation.com**. An explanation of the rationale for the reconsideration, along with any additional supporting information for us to consider in our review (such as that available from medical charts), should be included in the email. When additional clarification is needed from the provider, we will reach out via email to get such clarification necessary for making decisions. The outcome of the Reconsideration Team's decisions, including reasons for making their conclusions, will be communicated via email within 21 days of the request submission date. Providers who wish for their request for reconsideration to be reviewed and investigated prior to the date by which we make results available to primary care providers or Buckeye Health Plan Medicaid members in Ohio should submit such requests by the deadline communicated in the initial notification of results.

#### **Example Reasons for Reconsideration**

**Member Attribution Accuracy:** The degree to which the provider is involved in the member's care, and thus the appropriateness of the member's attribution to the provider, is in question.

**Specialty Type Accuracy:** The specialty type indicated for a given provider is not accurate. (Note: We use the primary specialty of record from the provider's NPI registration information.)

**Quality Measure Compliance:** The provider may have additional information to support compliance when our data suggests otherwise. This can be due to medical coding error or lack of additional information that can be found in the medical record, but is not reflected in claims detail.

# A

# **IMPORTANT NOTES ABOUT THE DIAMOND DESIGNATION™ PROGRAM**

The Diamond Designation<sup>™</sup> 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<sup>™</sup> 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<sup>™</sup> 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<sup>™</sup> 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<sup>™</sup> Program; or 2) There is insufficient data to meet minimum sample size requirements for statistical evaluation. The rating methodology of the Diamond Designation<sup>™</sup> Program is subject to change from program year to program year. The information contained in this Reconsideration Instructions 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**.