

Diamond Designation™ Program

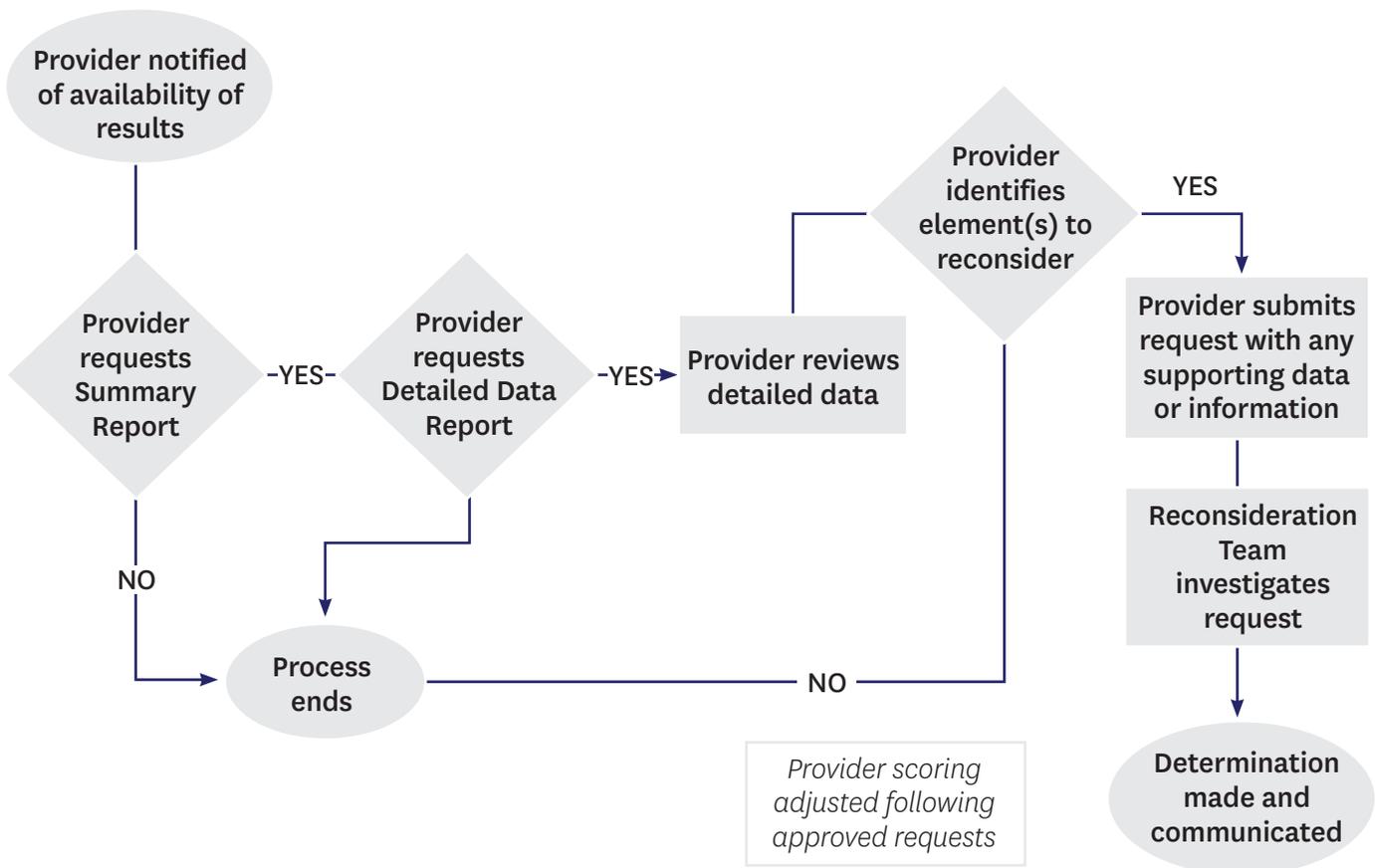
Program Year: 2022

wellcare

Reconsideration Instructions

The Diamond Designation™ Program aims to produce evaluation results that are as accurate as possible. Specialty provider groups evaluated within the Program have the opportunity to request a change or correction to information used in determining their cost efficiency or quality scores. The process flow for such reconsideration requests is depicted in the diagram below.

The date we make evaluation results available to primary care providers is the Program's effective date. In order to guarantee completion of investigations before that effective date, requests for reconsideration must be received at least 30 days prior. Notification of the availability of provider group results and the Program's effective date will be communicated at least 60 days in advance of the effective date. Our Program Reconsideration Team will thoroughly investigate and respond to all reconsideration requests within 21 days of the request submission date. Various staff including medical directors, analysts, and network management staff will be involved in determinations made by the Team. If a change or correction is warranted, the provider's scoring will be adjusted accordingly.





Notification of Results

Email or fax notifications of the availability of evaluated provider results will be sent as soon as we have all reports prepared. Evaluated providers will also be notified of the Program's effective date at this time. This will be at least 60 days from the date of the notification. The deadline to submit reconsideration requests in time for correction before the effective date will also be listed in this notification. After the notification, providers can request a report of their specific evaluation results by contacting the Program email inbox at **DiamondDesignation@wellcare.com**. There will be two levels of reporting available to evaluated provider groups: 1) Summary Report and 2) Detailed Report. Either report can be requested. However, we recommend reviewing the Summary Report initially to understand overall quality and efficiency determinations. The lengthy Detailed Data Report is meant to specifically support any needed deep dives into each specific quality measurement and each episode of care used to assess cost efficiency. We will provide reports within 3 business days of the email request.



Submitting a Reconsideration Request

After reviewing their results, an evaluated provider group can submit a request to reconsider their scoring by emailing the request to the Program's email inbox at **DiamondDesignation@wellcare.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 determinations. The outcome of the Reconsideration Team's decisions including specific reasons for making their determinations will be communicated via email within 21 days of the request submission date. Requests for reconsideration should be submitted by the deadline communicated in the initial notification of results in order to guarantee investigation completion before we make results available to primary care providers. However, any requests submitted after that deadline will still be fully investigated and responded to within 21 days.

Example Reasons for Reconsideration

Member attribution accuracy: The degree of the provider's involvement in the member's care 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 that is not reflected in claims detail.



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 Reconsideration Instructions 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

<https://www.wellcare.com/Providers/Medicare/Diamond-Designation-Program>.

Wellcare offers a range of Medicare products, including Medicare Advantage and Medicare Prescription Drug Plans. Wellcare is also affiliated with local plans dedicated to serving Medicaid members in NJ, HI, and KY. The information presented here is representative of our network of products. If you have any questions regarding the different health plans within a state, please contact your dedicated Provider Relations representative.

<https://www.wellcare.com/Providers/Medicare/Diamond-Designation-Program>