













# WellCare Health Plans, Inc.

Ed Crowe & Associates Lead Program 2016







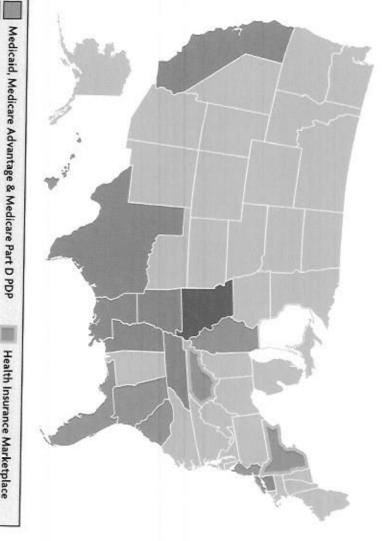


## WellCare Health Plans, Inc.



### Company Snapshot

### OUR PRESENCE



### Founded in 1985 in Tampa, Fla.:

- Serving approximately 3.8 million members nationwide.
- 320,000 contracted health care providers
- 70,000 contracted pharmacies.

## Serving ~2.4 million Medicaid members, including:

- Aged, Blind and Disabled (ABD).
- Children's Health Insurance Program (CHIP).
- Family Health Plus (FHP).
- Supplemental Security Income (SSI).
- Temporary Assistance for Needy Families (TANF).

## Serving ~1.5 million Medicare members, including:

- 382,000 Medicare Advantage members.
- 1.1 million Prescription Drug Plan members.

### Serving the full spectrum of member needs:

- Dual-eligible populations (Medicare and Medicaid)
- Managed Long Term Care (MLTC).

## Spearheading efforts to sustain the social safety net:

- The WellCare Community Foundation.
- Advocacy Programs.
- Creation of Public-Private Partnerships.

## Significant contributor to the national economy:

- A FORTUNE 500 and Barron's 500 company.
- Approximately 6,700 associates nationwide.

Health Insurance Marketplace Medicaid & Medicare Part D PDP

Medicare Advantage & Medicare Part D PDP
Medicare Part D PDP (49 states & D.C.)

Offices in all states where the company provides managed care.

# Vision, Mission & Core Values



#### Vision

with the members, providers, government customers and communities we serve. To be the leader in government-sponsored health care programs in partnership

#### Mission

- Enhance our members' health and quality of life
- effective health care solutions Partner with providers and government customers to provide quality, cost-
- Create a rewarding and enriching environment for our associates

#### Core Values

- Partnership
- Integrity
- Accountability
- One Team

Care Management

Complex Member

Regulatory & Provider Partnerships

Recommunity Advocacy

Advocacy

Recommunity Advocacy

Regulatory & Provider Partnerships

## The WellCare Advantage



- Commissions are paid weekly based on CMS approval
- Competitive benefits and networks
- WellCare offers lifetime renewals on MAPD business for Producers
- Local DSM support: training, supplies, questions, event reporting, etc.
- PURL is available to assist in Member application
- Corporate support: Compensation, PURL, Communications and Producer Services
- commission information Online, interactive, secured Producer Portal providing access to enrollments and
- and accuracy! Electronic submission of applications via Online Application Portal; improves processing

# Overview of the 2015-2016 Sales Process



Consent to Contact	
Scope of Appointment	
Dual Eligibility	
Sales Presentation	
Enrolling a Member	

Document	Must use
via CMS	WellCare Voice
approved	Recording:
methods:	877 780-3906
foncent to	

Contact consent to

Recording Voice

Card

Eligibility Verify Dual

Populations through Special

Materials needed:

Department

(SPOP):

Verification # (866) 211-0544

Provider Directory

of Benefits

WellCare & You: Summary

In-Home Presentation

online will appear in

Quick Start Guide

Rx Formulary

application written enrollment or

#### Sales Presentation Required for compliant

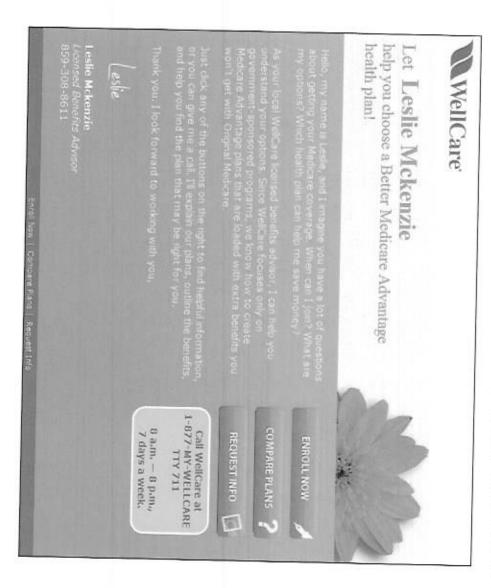
#### Verification: (866) 915-7670

- complete enrollment provide confirmation **Enrollment Portal** number from OEP and Verification (EPAV): Application
- applications submitted Only for electronically

# Producer Personalized URL – (PURL)



## Members can self enroll!



#### What is PURL?

- A Producer assisted online enrollment tool used to support prospective member enrollments
- Available for access 24/7
- CMS compliant enrollment

### How do Producers get a PURL?

- Within 7 days of certification, the PURL will be activated
- www.wellcarerep.com/
   producerID

# Connecticut 2016 Footprint



2016 WellCare Plan Offerings

- Access (SNP); Rx (HMO)
- Access (SNP); Rx (HMO); Value (HMO)
- Rx (HMO); Value (HMO)

### Connecticut

\$6	\$0	Generic	Her Tilleren Generic
liers 2 to 5	1002	O Control of the Cont	Tier 1. Droformed
1 6	Tiers 2 to 5	oi.	<b>Rx Deductible Tiers</b>
\$n	\$0		Rx Deductible
Medicare only	Hearing 350		Hearing Benefits
Medicare only	Vision 100		A 191011 Delie II (2)
Medicare only	Preventive Plus		Vision Bonofits
***	2		Dental Benefits
OŞ.	\$0	bership	Health Club Membership
\$20 every month	\$20 every month	uency	OTC Amount Frequency
N/A	24 One-way trips every year	Nedically Necessary Transportation	OTC COLON Necess
\$0	\$0	ry Center	Ambulatory Surgery Center
U\$	\$0	tal Surgery	Outpatient Hospital Surgery
08	\$0	tal Non-Surgery	Outpatient Hospital Non-Surgery
\$0	\$0	(MAX)	
\$0	\$0	ogical Services (MIN)	Diagnostic Radiological Services
\$ 50	\$0	(MAX)	
\$0	\$0	ological Services (MIN)	Therapeutic Radiological Services
\$0	\$0	Advance	
\$0	\$0	dures/Tests Basic	Diagnostic Procedures/Tests
\$0	\$0	Visits	Specialist Office Visits
ŝ	\$0		<b>PCP Office Visits</b>
\$0 co-pay per day for Days 1-90	\$0 co-pay per day for Days 1-90	al Acute	Inpatient Hospital Acute
\$6,700	\$6,700	Pocket (MOOP)	Maximum Out of Pocket (MOOP)
\$0	\$0	Deductible	In-Network Plan Deductible
\$0.00	\$0.00	art C part D)	Total Premium (Part C part D)
WellCare Access (HMO SNB)	WellCare Access (HMO SNP)		Plan Name
CT	CT		State
H0712005	H0712005		Contract Number
2016	2015	THE R. P. LEWIS CO., LANSING, SPINSTER, SPINST	Tedi

#### Connecticut

Year Contract Number State Plan Name	2015 H0712019 CT WellCare Value (HMO)	2016 H0712019 CT
Total Premium (Part C part D)	WellCare Value (HMO)	WellCare Value (HMO)
In-Network Plan Deductible	\$0.00	\$0.00
Maximum Out of Doctor (MOOD)	N/A	\$147
wiaxilliaiii Odt Ol POCKet (MOOP)	\$5,500	\$5,000
Inpatient Hospital Acute	\$320 co-pay per day for Days 1-5	\$500 co-pay per day for Days 1-3
PCP Office Visits	\$10	¢1E
Specialist Office Visits	\$35	CIC
Diagnostic Procedures/Tests Basic	\$20	530
Advance		\$100
Therapeutic Radiological Services (MIN)	\$35	\$50
(MAX)	\$35	20%
Diagnostic Radiological Services (MIN)	\$125	\$150
(Max)	\$125	0000
Outpatient Hospital Non-Surgery	\$250	\$300
Outpatient Hospital Surgery	\$250	2000
Ambulatory Surgery Center	\$75	\$100
Medically Necessary Transportation	N/A	N/N
OTC Amount Frequency	\$7 every month	\$7 every month
Health Club Membership	\$0	\$0
Dental Benefits	Medicare Only	Madin
Vision Benefits	Position From Only	Medicare Only
Hearing Benefits	Routine Exam Only	Routine Exam Only
By Dodinatible	Hearing 350	Hearing 350
Ry Dodingtible Tie	\$0	\$0
ax reductible flers	N/A	N/A
Her 1: Preterred Generic	\$6	\$5

# Value Plan Deductible Does Not Apply To These Part B Services

yet. The deductible does not apply to the following services: share of the costs for these services even if you haven't paid your yearly deductible The deductible does not apply to some services. This means that we will pay our

- Inpatient Hospital Care
- Inpatient Mental Health Care
- Skilled Nursing Facility
- Emergency Care
- Urgently Needed Care
- Home Health Services
- Primary Care Provider Services
- Diabetic Supplies and Services
- Medicare-Covered \$0 Preventive Services
- Part B Rx Drugs
- Dental Services
- Vision Services
- Hearing Services

### Connecticut

	Her 1: Preferred Generic	The perductible Help	Ry Deductible Tiess	Rx Deductible	Hearing Benefits	Vision Benefits	Dental Benefits	Health Club Membership	Total Control of the	OTC Amount Frequency	Medically Necessary Transportation	Ambulatory Surgery Center	Outpatient Hospital Surgery	Outpatient Hospital Non-Surgery	(MAX)		Diagnostic Radiological Society		Therapeutic Radiological Services (MIN)	Advance	Diagnostic Procedures/Tests Basic	Specialist Office Visits	PCP Office Visits	Inpatient Hospital Acute	The state of the s	Maximum Out of Pocket (MOOD)	In-Network Plan Deductible	Total Premium (Part C part D)	riani Name	Blankland	State	Contract Number	Year
4.0	\$10	All Tiers	\$320	fical III8 330	Learing 200	Routine Exam Only	Dental 750	\$0	Szo every month	conc way mps every year	20 One-way trips guantura	\$75	\$175	\$175	\$100	\$100	\$30	\$30			\$20	\$30	\$10	\$295 co-pay per day for days 1-5	\$4,700	2000	N/A	\$29.70	WellCare Rx (HMO)	CT	H0712020	CTOZ	SOAF
\$0	And Holid	All Tiere	\$360	Hearing 350	Vision 100	pental /50	Don't Jro	\$0	\$20 every month	20 One-way trips every year	001\$	\$100	200/	20%	\$150	\$150	20%	\$40	\$75	\$20	240	\$10	\$10	\$350 co-pay per day for Days 1-5	\$4,700	N/A	220.00	CON ON	WellOw By /HAO	CI	H0712020	2016	

# WellCare RX Vs. Original Medicare, PDP & LIS



Benefits	Wellcare RX	Original Medicare/PDP/LIS
Premium For PDP Coverage	<b>N</b> 0	No
Dental	Yes	No
Transportation	Yes	No
OTC	Yes	No
Silver Sneakers	Yes	No
Vision (Exam + \$100)	Yes	No
\$0 For Basic Labs/X-Rays	Yes	No

## Dental 750 (Wellcare RX)

Coverage	Dental 750	
Mombo	Delital 100	Description
viember pays	\$0 copay	Maximum plan benefit coverage amount of \$750 per year, which applies to both preventive and additional
Preventive Services		comprehensive dental services covered by the plan
Oral Exam	Yes	1 every 6 months
Cleaning	Yes	1 every 6 months
X-Rav	Voc	1 Court of months
Elippido Tropteront	res	I every 1 to 3 years depending on the type of X-ray
- Fluoride Treatment	Yes	1 every year
Emergency		
Treatment	Yes	1 every year
Comprehensive		
Services		
Restorative	Yes	1 amalgam, resin, or composite filling per tooth out a
Extraction	Yes	1 removal of printed or consocial many per court, every 3 years
Endodost:		cinicval of chapted of exposed roots per tooth, per lifetime
Elidodoutic	Yes	1 root canal per tooth, per lifetime
		1 deep cleaning every 2 years, per quadrant; with 1 deep
0.500		cleaning maintenance every 6 months. 1 full mouth
Periodontics	Yes	debridement every 3 years
		1 complete or partial denture every 5 years. Denture
Dr		adjustments and repairs every 1, 2, or 5 years, depending on
FIGSTIGACITICS	Yes	the type of service (add, replace, rebase, or reline)

## Routine / Supplemental Vision

Routine Exam: Member pays \$0 co-pay

Exam (Medicare-covered): Specialist co-pay applies

## red)- Value Plan

#### 2 Levels:

1. Routine Exam Only (Glasses not covered)- Value Plan

2. Vision 100 (Exam + \$100 toward 1 pair of eyewear) — Wellcare RX

### Mail Service Overview

Pharmacy. This is the only mail service which has preferred cost-sharing. WellCare will continue to offer preferred cost-sharing through CVS Caremark Mail Service

# Members can save on their prescription drug costs:

- Tier 1 (Preferred Generic): \$0 co-pay for a 3-month supply when using the CVS Caremark Mail Service Pharmacy
- Pharmacy 3-month supply when using the CVS Caremark Mail Service Tier 2 (Generic) and Tier 3 (Preferred Brand): Pay 2.5 co-pays for a
- the CVS Caremark Mail Service Pharmacy if copay, or if coinsurance, pay the same coinsurance when using Tier 4 (Non-preferred Brand): Pay 2.5 copay for a 3-month supply
- Tier 5 (Specialty): Limited to a 1-month supply at filed coinsurance



Members can use any mail order service, but in order to get the preferred cost sharing, they need to Use CVS Caremark Mail Service Pharmacy

### Important Numbers



- WellCare AVL 877 780-3906
- Extra Help Verification 866 211-0544
- Fax Number For MAPD Applications 866 473-9124
- Fax Number For PDP Applications 866 388-1521
- Core Plans Customer Service 866 579-8006
- Access Plan Customer Service 866 635-7047
- Producer Services Link: https://www.wellcare.com/Producers
- Premier Eye Car (Vision) 855 749-1908
- Healthplex (Dental) 888 468-2183
- Hear USA (Hearing) 800 442-8231
- Medical Transportation Management 855 824-5699



# Yves Salomon, District Sales Manager (DSM)

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### **Producer Services**

- Online Contact: https://www.wellcare.com/producer/contact
- Email: producerservices@wellcare.com