



**WellCare**[®]
Beyond Healthcare. A Better You.

Center for CommUnity Impact

The WellCare Story

- WellCare was founded in 1985 by a small group of physicians in Tampa, Florida.
- WellCare provides government-sponsored healthcare programs, including Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, to families, children, seniors and individuals with complex medical needs.
- Today, WellCare serves 4.3 million members and partners with more than 68,000 pharmacies and 526,000 healthcare providers across the country.



Mission

Our members are our reason for being. We help those eligible for government-sponsored healthcare plans live better, healthier lives.

Vision

To be a leader in government-sponsored healthcare programs in collaboration with our members, providers and government partners. We foster a rewarding and enriching culture to inspire our associates to do well for others and themselves.

Core Values

- Partnership
- Integrity
- Accountability
- One Team

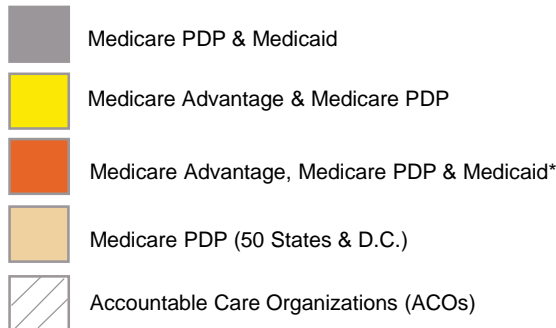
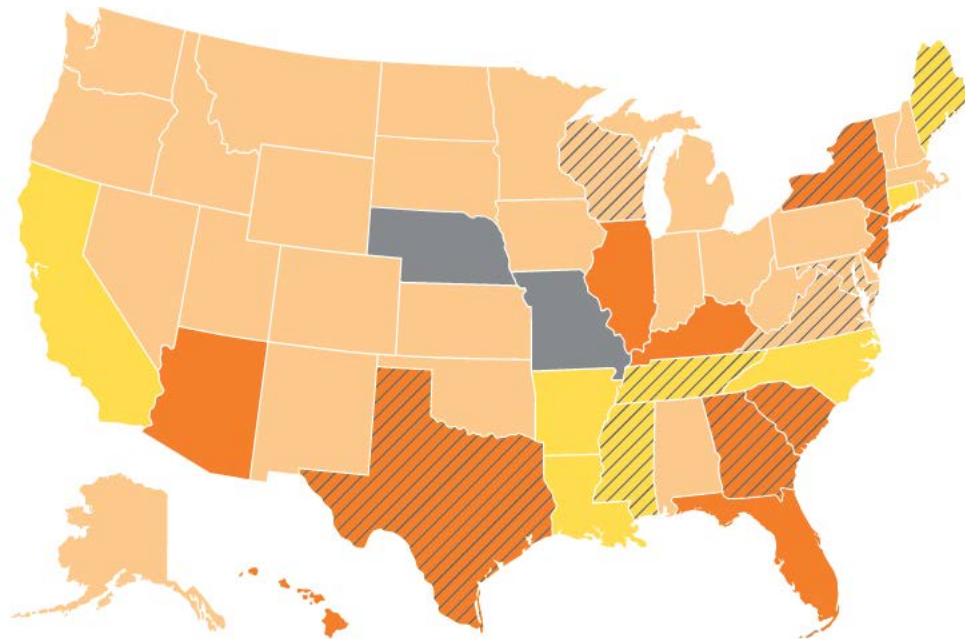


At WellCare, we help reduce costs and improve quality and access for government health programs by embedding ourselves in the communities we serve.

The core elements below contribute to our value proposition:



Company Snapshot



*Includes states where the company receives Medicaid and Medicare revenues associated with Dual Eligible Special Needs Plans (D-SNPs)

All numbers are as of March 31, 2018

Founded in 1985 in Tampa, Florida:

- Serving 4.3 million members nationwide
- 526,000 contracted healthcare providers
- 68,000 contracted pharmacies

Serving 2.7 million Medicaid members in 12 states:

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

Serving Medicare members in 18 states:

- 506,000 Medicare Advantage members
- 1.1 million Prescription Drug Plan (PDP) members
- 18 Accountable Care Organizations (ACOs)

Serving the full spectrum of member needs:

- Dual-eligible populations (Medicare and Medicaid)
- Managed Long Term Services and Supports (MLTSS)

Spearheading philanthropic efforts in local communities:

- The WellCare Community Foundation
- WellCare Associate Volunteer Efforts (WAVE)
- WellCare Center for Community Impact

Significant contributor to the national economy:

- 9,100 associates nationwide
- Offices in all states where the company provides managed care
- A Fortune World's Most Admired Company ranked #170 on the Fortune 500



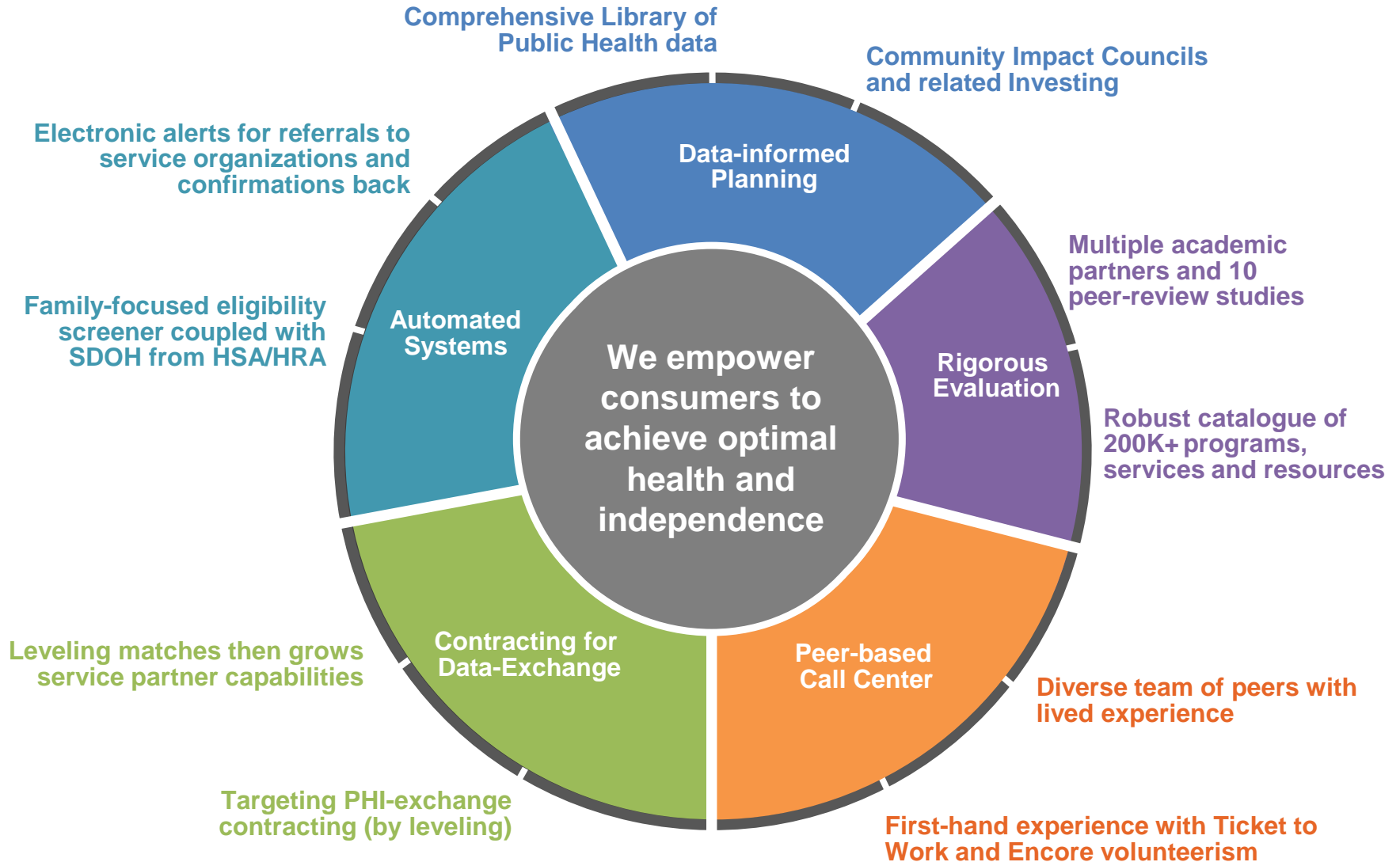
Engaging Community Partners in Health



Facilitating Social Service Access and Use



Evaluating Social Services in Healthcare



Overview

- We empower consumers to achieve optimal health and independence using:
 - Web-based platform with automated tools
 - Peer engagement for greater activation
 - Data-informed community investing
 - Rigorous academic evaluation



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National Data & Outcomes



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National Data & Outcomes

- Social Service Referrals: 75,000 people : 250,000 services
 - Network Gaps Filled: 5,000
 - CommUnity Contracts: 1,500+
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- Improve Access & Outcomes
Members with a social barrier removed are:
 - ✓ 4.8x more likely to schedule and go to their Annual PCP visit
 - ✓ 2.4x more likely to have a better Adult Body Mass Index score
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 - Reduce Cost
Removing a social barrier led to an aggregated savings from reduced:
 - ✓ Inpatient Spending (53%)
 - ✓ Emergency Room Use (17%)
 - ✓ Emergency Department Spending (26%)

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Members who received support through our CommUnity Impact model experienced a **\$2,443 per-member-per-year savings** after all their social needs were met

CommUnity Contracting

LEVEL 1

Initial relationship grant

LEVEL 2

Contract with aggregate data provided

LEVEL 3

Contract with member-level data provided

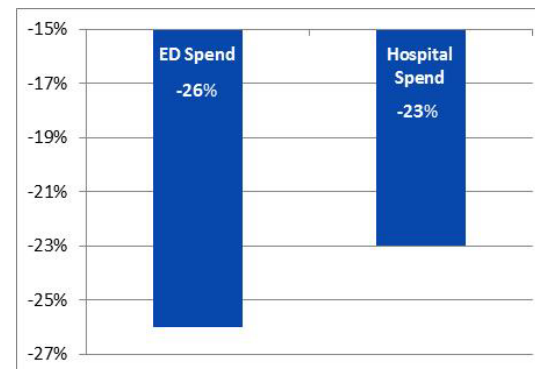
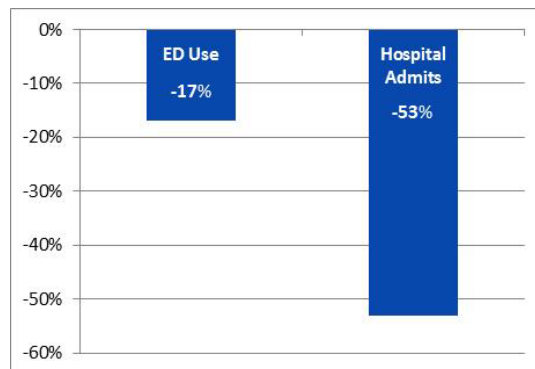
LEVEL 4

A Level 3 contract arrangement with performance thresholds

LEVEL 5

A Level 4 contract arrangements with both performance and quality thresholds

- **Principal Investigator:** Robert Wood Johnson Foundation
- **Timeframe:** 1/2012 – 12/2015
- **Method:**
Longitudinal, random-effects regression model with the Charleston Comorbidity Index to control for time-varying changes in health status and risk.
- **Results:**
Among the 8,382 participants in the study, results indicate that greater access to referred social services is strongly and significantly associated with lower levels of medical care spending during the index year from reduced emergency department use and hospital admission. Total medical spending during the index year is lowered by **\$450 per-social-service-accessed**.



- **Principal Investigator:** University of South Florida
- **Timeframe:** 1/2014 – 3/2017
- **Method:**
Regression analysis using Generalized Estimating Equations (with identity link) to identify a change in mean in health care expenditures in two-year period around the point of a social intervention.
- **Results:**
The results showed that participants who reported all of their social needs met had statistically significant lower healthcare expenditures, compared to those who reported their social needs unmet. The additional **\$2,443 PMPY (or \$204 PMPM)** related to addressing their social needs.

	12 months pre-referral	12 months post-referral	Second Year Difference	Percent change
All needs met (n=1,521)	\$23,553	\$20,952	-\$2,601	-11%
Needs were not met (n=1,197)	\$17,338	\$17,180	-\$158	-1%
Difference Between Groups	\$6,215	\$3,772	-\$2,443	-10%