The Role of State Policy in Decreasing Adult Obesity

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Obesity Prevalence

No state has an obesity prevalence less than 20%¹

- Severe obesity in adults costs state Medicaid programs nearly $8 billion and that cost is rising.²
- Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics.³
- Obesity is associated with poorer mental health outcomes and reduced quality of life. It is also tied to the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke and some types of cancer.³

³ http://www.cdc.gov/obesity/adult/causes.html
What We Do

Reduce Cost and Improve Quality and Access for Government Health Programs by:

- Providing managed care services targeted to government-sponsored health care programs, focusing on Medicaid, Medicare, and Prescription Drug Plans
- Serving a variety of people including families; children; and the aged, blind and disabled; includes a focus on low-income, dual-eligible populations
- Improving quality of care, increasing health care access, and improving outcomes for members
- Relieving providers of administrative work and hassles
- Providing cost savings for government customers and taxpayers

All numbers are approximations and are as of September 30, 2015.
**WellCare Health Plans, Inc.**

**OUR PRESENCE**

- Founded in 1985 in Tampa, Fla.:
  - Serving 3.8 million members nationwide
  - 342,000 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 1.4 million Medicare members, including:
  - 355,000 Medicare Advantage members
  - 1 million Prescription Drug Plan (PDP) members

- Serving the full spectrum of member needs:
  - Dual-eligible populations (Medicare and Medicaid)
  - Health Care Marketplace plans
  - Managed Long Term Care (MLTC)

- Spearheading efforts to sustain the social safety net:
  - The WellCare Community Foundation
  - WellCare Associate Volunteer Efforts (WAVE)
  - Advocacy Programs

- Significant contributor to the national economy:
  - A FORTUNE 500 and Barron’s 500 company
  - 6,800 associates nationwide
  - Offices in all states where the company provides managed care

All numbers are approximations and are as of September 30, 2015.
Serving 2.4 million Medicaid members across 9 states

Weight Watchers

In Georgia, Missouri and New York, the Weight Watchers program provides a membership benefit to qualified enrollees. The goal of the program is to support healthy lifestyles and improve health outcomes. Through the support of group meetings and access to Weight Watchers eTools, enrollees are encouraged to form healthy lifestyle habits, eat smarter and increase physical activity.

Gym Memberships

In 14 Illinois counties, enrollees can choose from two fitness centers—Anytime Fitness or LA Fitness—to complete routine health and wellness activities.

Curves Complete

Curves Complete provides MissouriCare enrollees with a membership benefit. The goal of the program is to support healthy lifestyles and improve health outcomes through 30-minute fitness regiments and one-on-one counseling. Curves Complete enrollees are encouraged to form healthy lifestyle habits, eat smarter and get more exercise.

Nutritional Counseling

In most Florida counties, coverage includes assessment, hands-on care, and guidance to caregivers and enrollees with respect to nutrition. These services teach caregivers and enrollees to follow dietary specifications that are essential to the enrollee’s health and physical functioning, to prepare and eat nutritionally appropriate meals, and to promote better health through improved nutrition. When applicable, this service also includes instructions on shopping for quality food and food preparation.
According to the CDC, dual-eligibles aged 18 to 64 in all disability categories had high obesity rates, as high as 60% among those with physical disabilities. \(^1\)

**The Value of Dual-Eligible Integration**

- More than 40% of our Medicare Advantage plan members are eligible for both Medicare and Medicaid. \(^2\)
- Improves care coordination and member satisfaction by incorporating provider partners.
- Leverages health information infrastructure to facilitate care coordination.
- A single capitated payment for all services offers the most significant savings potential for state and federal governments.
- Simplifies care delivery for providers by providing a single integrated source for claims payment.
- Offers shared savings opportunities for providers through the delivery of quality care.

**Characteristics of Dual-Eligibles** \(^3\)

- 66% have 3+ chronic conditions.
- 54% have cognitive/mental impairment.
- 15% reside in long-term care facilities.
- 50% self-report fair/poor health.
- Twice as likely to have multiple emergency room visits and multiple inpatient hospital stays in a year.

**WellCare Benefits**

- WellCare offers its members care and disease management programs specifically designed for individuals with diabetes and individuals with diabetes as well as other chronic comorbid conditions.
- WellCare members can be reimbursed for purchasing certain over-the-counter weight-loss aids, such as *Allli*.
- WellCare offers free fitness center memberships for members of select health plans.

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\(^2\) WellCare Medicare Demographics as of June 30, 2015


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WellCare strives to help our members, and their communities, lead better and healthier lives. The WellCare Community Foundation, our employee volunteerism and community advocacy efforts help to support this mission.

The WellCare Community Foundation
Established in 2010, it is a non-profit, private foundation with a mission to foster and promote the health, wellbeing and quality of life for the poor, distressed and other medically underserved populations – including, those who are elderly, young and indigent – and the communities in which they live. The WellCare Community Foundation was recently a presenting sponsor of the 2015 Step Out: Tampa Bay. WellCare’s relationship with the American Diabetes Association has been in place across our 15 markets since 2011.

Employee Volunteerism
WellCare encourages volunteerism to support children and seniors, and those who are low-income or underserved. Employees work in their local communities to raise much-needed funds and to support organizations that offer valuable support to those in need. WellCare employees raised more than $90,000, and nearly 800 registered walkers joined 31 company teams that participated in 20 Step Out events across the country.

Advocacy and Community-Based Programs
WellCare connects community resources to help improve health outcomes and lower the overall cost of health care. WellCare works to link people to social services such as food banks or meal delivery, housing assistance, financial assistance, transportation, education support, legal assistance and employment services.

Across the country, WellCare supports the work of community organizations and initiatives, including:

- American Association of People with Disabilities
- American Diabetes Association
- American Heart Association
- Big Brothers and Big Sisters
- Boys & Girls Clubs
- Eckerd Youth Alternatives
- Family Café
- Feeding America
- Habitat for Humanity
- MacDonald Training Center
- Metropolitan Ministries
- National Alliance on Mental Illness
- National Association of Area Agencies on Aging
- PARC

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State Policy Recommendations

Reduce Medicaid Churn

- Individuals who move from Medicaid to the Marketplace face a potential loss or change in health plans and provider networks, which may result in increased expenditures for premiums and out-of-pocket expenses.
- Members also stand to lose any improvements in their health status due to obesity-control programs offered through the previous insurer.
- The negative effects of churn can be mitigated by establishing a guaranteed eligibility period for Medicaid and aligning the coverage period to date of Medicaid ineligibility instead of the first day of the next month so there is no coverage gap when an individual loses Medicaid eligibility.

Consider Alternatives to Benefit Mandates

- Expanding regulatory requirements and benefit mandates can drive up costs and increase the administrative burden for states.
- Managed Care Organizations can save up to 20% compared to fee-for-service through innovations in coordinated care, health prevention activities, case and disease management, and increased access to social services.

Encourage Evidence-Based Clinical Practices and Cultural Competency

- The U.S. Preventive Services Task Force recommends the routine use of BMI for adult obesity screening. BMI screening should be a standard preventative health practice.
- Promote and adopt policies to reduce racial, ethnic and cultural disparities in obesity. According to CDC statistics, the prevalence of obesity is lowest among non-Hispanic Asian adults (11.7%), followed by non-Hispanic white (34.5%), Hispanic (42.5%), and non-Hispanic black (48.1%) adults.¹