

WellCare Health Plans, Inc. Fundamental Company Report Including Financial, SWOT, Competitors and Industry Analysis

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Abstracts

WellCare Health Plans, Inc. Fundamental Company Report provides a complete overview of the company's affairs. All available data is presented in a comprehensive and easily accessed format. The report includes financial and SWOT information, industry analysis, opinions, estimates, plus annual and quarterly forecasts made by stock market experts. The report also enables direct comparison to be made between WellCare Health Plans, Inc. and its competitors. This provides our Clients with a clear understanding of WellCare Health Plans, Inc. position in the [Healthcare](#) Industry.

The report contains detailed information about WellCare Health Plans, Inc. that gives an unrivalled in-depth knowledge about internal business-environment of the company: data about the owners, senior executives, locations, subsidiaries, markets, products, and company history.

Another part of the report is a SWOT-analysis carried out for WellCare Health Plans, Inc.. It involves specifying the objective of the company's business and identifies the different factors that are favorable and unfavorable to achieving that objective. SWOT-analysis helps to understand company's strengths, weaknesses, opportunities, and possible threats against it.

The WellCare Health Plans, Inc. financial analysis covers the income statement and ratio trend-charts with balance sheets and cash flows presented on an annual and quarterly basis. The report outlines the main financial ratios pertaining to profitability, margin analysis, asset turnover, credit ratios, and

company's long-term solvency. This sort of company's information will assist and strengthen your company's decision-making processes.

In the part that describes WellCare Health Plans, Inc. competitors and the industry in whole, the information about company's financial ratios is compared to those of its competitors and to the industry. The unique analysis of the market and company's competitors along with detailed information about the internal and external factors affecting the relevant industry will help to manage your business environment. Your company's business and sales activities will be boosted by gaining an insight into your competitors' businesses.

Also the report provides relevant news, an analysis of PR-activity, and stock price movements. The latter are correlated with pertinent news and press releases, and annual and quarterly forecasts are given by a variety of experts and market research firms. Such information creates your awareness about principal trends of WellCare Health Plans, Inc. business.

About WellCare Health Plans, Inc.

WellCare Health Plans, Inc. provides managed care services to government-sponsored healthcare programs. The company's healthcare programs focuses on Medicaid and Medicare, including prescription drug plans and health plans for families, children, and the aged, blind, and disabled. As of December 31, 2009, it served approximately 2.3 million members.

As of December 31, 2009, the company, through its licensed subsidiaries, operated its Medicaid health plans in Florida, New York, Illinois, Hawaii, Missouri, Ohio and Georgia, and its Medicare Advantage (MA) coordinated care plans (CCPs) in Florida, New York, Connecticut, Illinois, Indiana, Hawaii, Louisiana, Missouri, New Jersey, Ohio, Georgia and Texas. The company also operated a stand-alone Medicare prescription drug plan (PDP) in all 50 states and the District of Columbia.

Segments

The company operates in two segments: Medicaid and Medicare.

Medicaid

The Medicaid segment provides medical assistance to low income and disabled persons. The Medicaid segment includes plans for individuals who are dually eligible for both Medicare and Medicaid, and beneficiaries of the Temporary Assistance for Needy Families (TANF) programs, Supplemental Security Income (SSI) programs, ABD programs, the State Children's Health Insurance Program (S-CHIP), and the Family Health Plus (FHP) programs. TANF generally provides assistance to low-income families with children, while SSI and ABD generally provide assistance to low-income aged, blind or disabled individuals. The Medicaid segment also includes other state health care programs, such as S-CHIP and FHP that are for qualifying families who are not eligible for Medicaid because they exceed the applicable income thresholds. As of December 31, 2009, the company had approximately 1.3 million members in its Medicaid segment plans.

As of December 31, 2008, the company had approximately 1.3 million Medicaid members. In its Medicaid segment, the company had two customers, such as the State of Florida and the State of Georgia. The company provides Medicaid plans under 15 separate contracts, including 7 contracts in New York, 3 contracts in Florida, and 1 contract in each of Georgia, Hawaii, Illinois, Ohio and Missouri.

Medicare

Medicare is a federal program that provides eligible persons age 65 and over, and disabled persons, various hospital, medical insurance and prescription drug benefits. Medicare is administered and funded by Centers for Medicare & Medicaid Services (CMS). The company's Medicare plans include PDP and MA plans. The company offers prescription drug benefit coverage through these stand-alone PDPs and as a component of its MA plans. MA is Medicare's managed care alternative to original Medicare fee-for-service (Original Medicare), which provides individuals standard Medicare benefits directly through CMS. In 2009, the company offered both MA CCPs and MA private fee-for-service (MA PFFS) plans. MA CCPs are administered through health maintenance organizations (HMOs) and generally require members to seek health care services from a network of health care providers. PFFS plans are offered by insurance companies and are open-access plans that allow members to be seen by any physician or facility that participates in the Original Medicare program and agrees to bill, and otherwise accepts the terms and conditions of, the sponsoring insurance company. As of December 31, 2009, the company had approximately 1.0 million Medicare members. In its Medicare segment, the company has one customer, CMS.

Health and Prescription Drug Plans

Services/Coverage

Medicaid: The company offers Medicaid programs and services its members vary by state and county. Its Medicaid plans provide its members with access to various medical benefits from various facets of primary care and preventive programs to hospitalization and tertiary care.

Medicare: The company, through the Medicare Advantage plans, also provides medical services. It provides additional benefits not covered by Original Medicare, such as vision, dental, and hearing services.

Provider Networks

The company contracts with various health care providers to provide its members with access to medically necessary services. Its contracted providers deliver various services to members, including primary and specialty physician care; laboratory and imaging; inpatient, outpatient, home health and skilled facility care; medication and injectable drug therapy; ancillary services; durable medical equipment and related services; mental health and chemical dependency counseling and treatment; transportation; and dental, hearing, and vision care. The following are the types of providers in the company's Medicaid and CCP contracted networks:

Professionals, such as primary care physicians (PCPs), specialty care physicians, psychologists, and licensed master social workers; facilities, such as hospitals with inpatient, outpatient and emergency services, skilled nursing facilities, outpatient surgical facilities, diagnostic imaging centers, and laboratory providers; ancillary providers, such as home health, physical therapy, speech therapy, occupational therapy, ambulance providers, and transportation providers; and pharmacies, including retail pharmacies, mail order pharmacies, and specialty pharmacies.

History

WellCare Health Plans, Inc. was founded in 1985.

The above Company Fundamental Report is a half-ready report and contents are subject to change.

It means that we have all necessary data in our database to prepare the report but need **2-3 days** to complete it. During this time we are also updating the report with respect to

the current moment. So, you can get all the most recent data available for the same price. Please note that preparation of additional types of analyses requires extra time.

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1 – Data availability depends on company's security policy.

2 – These sections are available only when you purchase a report with appropriate additional types of analyses.
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ANALYSIS FEATURES

SWOT Analysis

SWOT, which stands for Strengths, Weaknesses, Opportunities and Threats, is an analytical framework that identifies the internal and external factors that are favorable and unfavorable for a company.

Enhanced SWOT Analysis

Enhanced SWOT is a 3x3 grid that arranges strengths, weaknesses, opportunities and threats into one scheme:

How to use the strengths to take advantage of the opportunities?

How to use the strengths to reduce likelihood and impact of the threats?

How to overcome the weaknesses that obstruct taking advantage of the opportunities?

How to overcome the weaknesses that can make the threats a reality?

Upon answering these questions a company can develop a project plan to improve its business performance.

PESTEL Analysis

PESTEL (also termed as PESTLE) is an ideal tool to strategically analyze what influence different outside factors – political, economic, sociocultural, technological, environmental and legal – exert on a business to later chart its long term targets.

Being part of the external analysis when carrying out a strategic assessment or performing a market study, PESTEL gives an overview of diverse macro-environmental factors that any company should thoughtfully consider. By perceiving these outside environments, businesses can maximally benefit from the opportunities while minimizing the threats to the organization.

Key Factors Examined by PESTEL Analysis:

Political – What opportunities and pressures are brought by political bodies and what is the degree of public regulations' impact on the business?

Economic – What economic policies, trends and structures are expected to affect the organization, what is this influence's degree?

Sociological – What cultural and societal aspects will work upon the demand for the business's products and operations?

Technological – What impact do the technological aspects, innovations, incentives and barriers have on the organization?

Environmental – What environmental and ecological facets, both locally and farther afield, are likely to predetermine the business?

Legal – What laws and legislation will exert influence on the style the business is carried out?

IFE, EFE, IE Matrices

The Internal Factor Evaluation matrix (IFE matrix) is a strategic management tool helping audit or evaluate major weaknesses and strengths in a business's functional areas. In addition, IFE matrix serves as a basis for identifying and assessing relationships amongst those areas. The IFE matrix is utilised in strategy formulation.

The External Factor Evaluation matrix (EFE matrix) is a tool of strategic management that is typically utilised to assess current market conditions. It is an ideal instrument for visualising and prioritising the threats and opportunities a firm is facing.

The essential difference between the above mentioned matrices lies in the type of factors incorporated in the model; whilst the latter is engaged in internal factors, the former deals exceptionally with external factors – those exposed to social, political, economic, legal, etc. external forces.

Being a continuation of the EFE matrix and IFE matrix models, the Internal External matrix (IE matrix) rests upon an investigation of external and internal business factors

integrated into one suggestive model.

Porter Five Forces Analysis

The Porter's five forces analysis studies the industry of operation and helps the company find new sources of competitive advantage. The analysis surveys an industry through five major questions:

What composes a threat of substitute products and services?

Is there a threat of new competitors entering the market?

What is the intensity of competitive rivalry?

How big is the bargaining power of buyers?

How significant is the bargaining power of suppliers?

VRIO Analysis

VRIO stands for Value, Rarity, Imitability, Organization. This analysis helps to evaluate all company's resources and capabilities and bring them together into one aggregate table that includes:

Tangible resources

Financial

Physical

Technological

Organizational

Intangible resources

Human

Innovation and Creativity

Reputation

Organizational capabilities

The result of the analysis gives a clear picture of company's competitive and economic implications, answering the questions if the resources mentioned above are:

Valuable?

Rare?

Costly to imitate?

Organized properly?

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