



Provider News

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WellCare's Community Outreach Efforts Span the State

By Darren Levitz

Pinwheels of Possibility highlight Child Abuse Prevention Month

Prevent Child Abuse Kentucky (PCKA) created a powerful visual display during Child Abuse Awareness month to raise awareness for an issue that often goes unseen. The Pinwheels of Possibility event took place at the State Capitol. It's an annual event where thousands of blue and silver pinwheels are placed on the Capitol lawn. This year, around 3,000 pinwheels were planted in front of the Capitol, serving as a symbolic reminder of the importance of protecting children across the state.



Corey Ewing

At WellCare of Kentucky, we actively support prevention through partnerships with healthcare providers, local agencies, and community groups such as PCKA. Our initiatives include sponsoring educational programs about abuse prevention, providing resources for families in need, and organizing events that raise awareness across the state.

At the event, Corey Ewing, CEO and Plan President at WellCare, shared how we collaborate with mental health professionals to improve access to support services for at-risk children, ensuring timely interventions when warning signs are present.

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Gov. Beshear joins WellCare associates Sam Tungate and Ashlee Workman to spotlight our shared commitment to preventing child abuse in Kentucky.



Linda Bates, WellCare Sr. Community Engagement Coordinator and advocate for human trafficking survivors, introduces speakers at the Fighting for Freedom event.

“By investing in community outreach and supporting the work of child protective services,” said Ewing, “WellCare demonstrates a strong commitment to safeguarding our children and building resilient families.”

Mobile Dental Event brings Care to Residents

WellCare of Kentucky partnered with the Kentucky Association of Health Plans in Florence, KY to host a mobile dental care event, bringing essential services directly to a community where accessing dental care can be difficult. The need was clear—people, many of whom were unhoused, began lining up a full two hours before we opened our doors, eager for the opportunity to receive treatment and improve their health.

We are deeply grateful to KAHP for their support in making this event possible. Together, we’re committed to breaking down barriers and ensuring everyone has access to the care they need, right where they live.



Kare: Mobile Dentistry Clinic

Community Addressing Human Trafficking

Fighting For Freedom, an event focused on raising awareness and empowering the community to fight human trafficking was held at Main Street Church in Alexandria, KY. The event, sponsored by WellCare of Kentucky, was designed to help attendees understand the impact of human trafficking and how to take meaningful action.

In 2025, Kentucky State Police identified over 200 potential victims, and the National Human Trafficking Hotline received more than 300 calls from the state. These figures underscore the urgent need for awareness and support.

“Human trafficking is a hidden crisis in Kentucky, where hundreds of cases have been reported,” said Ewing. “Each statistic reflects a life impacted, making it crucial for our community to unite and protect those at risk.”

WellCare values education for prevention. We thank all participants, especially survivors, for sharing their stories. Attendees learned how to support victims and raise awareness, with sessions explaining the differences between conditioning, grooming, exploitation, trafficking, and smuggling.



Breast Cancer Screening Excellence: Timely BI-RADS Documentation Matters

Early detection remains one of the most effective tools in the fight against breast cancer. The Documented Assessment After Mammogram (DBM-E) measure highlights the importance of timely, standardized reporting of mammogram results to support appropriate follow-up care and stronger care coordination.

What is the DBM-E Measure?

The DBME measure evaluates the percentage of mammogram episodes for members ages 40–74 with a documented BIRADS assessment within 14 days of the mammogram. Timely documentation supports appropriate follow-up and coordinated care.

Understanding BI-RADS Assessments

The Breast Imaging Reporting and Data System (BI-RADS), developed by the American College of Radiology, provides a standardized way to report mammogram findings and guide follow-up recommendations. BI-RADS categories range from 0 to 6 and help ensure clear, consistent communication across the care team.

- 0** – Incomplete: Additional imaging or comparison is needed.
- 1** – Negative: or category
- 2** – Benign, advise resuming routine screening.
- 3** – Probably benign: recommend diagnostic mammograms at 6 months, followed by repeat screenings every 6-12 months for 1-2 years, as appropriate.
- 4** – Suspicious abnormality: Further evaluation, often including biopsy, should be considered.
- 5** – Highly suggestive of malignancy: Appropriate action is needed.
- 6** – Known biopsy-proven malignancy.

Best Practices for Providers

- Document BI-RADS results and the date in the medical record promptly.
- Arrange timely follow-up for any abnormal findings.
- Integrate mammogram results into the overall care plan.
- Complete all documentation within 14 days to meet DBM-E measure standards.

Importance of Timely BI-RADS Documentation

Accurate and prompt BI-RADS documentation is vital for:

- Minimizing delays in patient care.
- Enabling earlier interventions when necessary.
- Strengthening coordination among care teams.
- Improving overall quality performance in breast cancer screening programs

Why This Matters

Accurate, timely BI-RADS documentation helps reduce delays in care, support earlier intervention when needed, strengthen care coordination, and improve overall quality performance.

We're Here to Support You

Our team is here to support your efforts. If you have questions or would like additional education on documentation best practices, the QPA and PR teams are available to help.

Partnering to Support Better Health Outcomes (HOS)

Together with our provider partners, we support Medicare members in maintaining their physical and mental health. The Medicare Health Outcomes Survey (HOS) is a CMS-required survey that evaluates how well care helps members remain active, independent, and engaged over time.

Survey fielding occurs annually from July through early November, with members surveyed at baseline and again two years later to assess changes in health status. HOS focuses on outcomes such as physical activity, fall risk, bladder health, and overall functioning—areas where provider–member conversations and shared decision-making are key. These measures contribute to Medicare Star Ratings and reflect expectations for patient-centered care.

Providers play a key role in documenting interventions that impact HOS outcomes. The quick reference guide below outlines the five key measures, recommended actions, and associated documentation codes. Accurate documentation supports HOS performance, improves Star Ratings, and enhances quality of life.

HOS Measure (What to Do)	Description • Percentage of sampled Medicare members 65 years old and older who/whose:	Documentation Codes (How to Capture It)
Monitoring Physical Activity Encourage patients to engage in regular physical exercise and document counseling provided.	- Have had a doctor's visit in the past 12 months and - Who received advice to start, increase or maintain their level of exercise or physical activity	CPT II Codes: 1003F: Physical activity assessed 1170F: Functional status assessed Quick note: While 1170F aligns with Care for Older Adult measures, it also reflects patient mobility and physical function.
Reducing the Risk of Falling Screen patients for fall risk, provide prevention guidance, and document risk level.	- Have had a fall or had problems with balance or walking in the past 12 months, - Who were seen by a practitioner in the past 12 months, and - Who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner	CPT II Codes: 1100F: Patient screened for future falls risk; documentation of 2 or more falls in the past year or any fall with injury in the past year 1101F: Documentation of no falls in the past year or only 1 fall without injury in the past 3288F: Fall risk assessment documented

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HOS Measure (What to Do)	Description • Percentage of sampled Medicare members 65 years old and older who/whose:	Documentation Codes (How to Capture It)
Improving Bladder Control Assess urinary incontinence and discuss available treatment options.	▪ Reported having any urine leakage in the past six months and ▪ Who discussed treatment options for their urinary incontinence with a provider	CPT II Code: ▪ 1090F: Presence or absence of urinary incontinence assessed
Improving or Maintaining Mental Health (IMMH) Assess and monitor mental status including depression screening and cognitive function.	▪ Mental health status was the same or better than expected after two years	CPT II Code: ▪ 2014F: Mental status assessed
Improving or Maintaining Physical Health (IMPH) Support maintenance or improvement of physical health over time through comprehensive care coordination.	▪ Physical health status was the same or better than expected after two years	Supporting Documentation: ▪ Physical health outcomes are supported through the codes documented above combined with consistent follow-up care and care plan management.

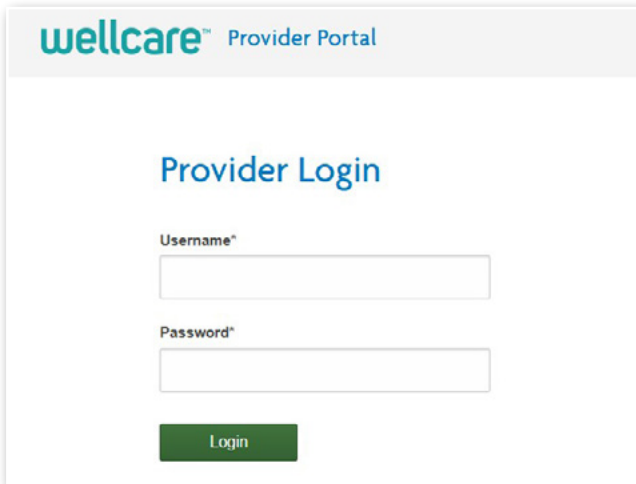
How We Can Support Members Together

- Talk with members about ways to safely start, increase, or maintain physical activity based on their abilities
- Ask about falls, balance, or walking concerns and discuss steps to improve safety
- Create a comfortable space to talk about bladder health and review treatment or management options
- Check in on mental and emotional well-being and connect members to support when appropriate
- Ask how health conditions affect daily activities and work with members on achievable goals

We're Here to Support You

Our Quality Practice Advisors (QPAs) and Provider Relations (PR) teams are here to partner with you. We are available to support conversations around HOS-related topics, share clinical resources, and help integrate best practices into everyday care.

If you have questions or would like additional support, please reach out to your QPA or Provider Relations representative. We value our partnership and appreciate the work you do every day to support the health and independence of the members we serve.



Provider Portal Access Updates: What Providers Need to Know

By Cathy Davis

Centene is strengthening its provider portal access policy to ensure secure, appropriate access to member information. These updates are designed to protect sensitive data and create a consistent process across all markets.

Why This Matters

Recent reviews identified inconsistent processes for managing provider portal access. Strengthening this process helps ensure that only authorized users can access member information and supports compliance with security requirements.

What Providers Need to Know

All provider portal access is governed by a standardized enterprise policy that ensures access is only granted based on job-related need. This helps protect member information and ensures appropriate use of the provider portal.

Designate an Account Manager

Each provider practice must have a designated account manager. This individual is responsible for

approving and managing portal access for their organization. All access requests must go through the account manager.

Submitting Access Requests

If your practice has an account manager, submit all requests for new access or changes directly to that individual. Requests will not be processed outside of this process.

If Your Practice Does Not Have an Account Manager

An account manager must be identified and verified before any access requests can be completed. Practices may be contacted to confirm the appropriate individual to serve in this role.

Verification Process

To protect member data, account managers and users may be required to verify their association with the practice. This may include confirming recent transactions or interactions with the health plan.

Action Steps for Providers

Providers should take the following steps to avoid delays:

- Ensure your practice has a designated account manager
- Submit all portal access requests through your account manager
- Confirm your account manager's contact information is current
- Be prepared to complete verification steps when requesting access

These updates will help ensure secure access to the provider portal while maintaining efficient support for your day-to-day operations.

Track Authorizations Online with Availity Essentials—No Phone Calls Needed

Availity Essentials for WellCare of Kentucky

lets you skip the call center and check authorization status at any time.

Why use Availity?

- View real-time status updates in one secure place regardless of how the authorization was submitted (phone, fax, EDI 278, or the health plan portal).
- Access Availity's Authorization/Referral Inquiry tool to quickly search using member details or authorization number.
- Pin authorizations to Availity's Authorization/Referral Dashboard for easy tracking. (If you submitted the authorization through Availity it is automatically pinned to your dashboard.)
- See current status instantly for all authorizations pinned to your dashboard—no need to run another inquiry.

Get Access to Availity Essentials Authorizations and Referrals Tools

You can submit, track, and follow up on authorizations with the **Authorization/Referral Request** and **Authorization/Referral Inquiry** roles. Contact your Availity administrator to request access and start reducing calls and saving time for everyone.

Learn More

- Click [here](#) to access health plan-specific on-demand training in the Availity Learning Center.
- Click [here](#) to get help setting up an Availity Essentials account for your provider organization.

Is Your Whole Office Using Availity Essentials?

You may be using Availity—but is your entire team? Help your staff save time and reduce phone calls by getting everyone on board.

Why Availity?

- Faster access to information.
- Fewer calls and follow-ups.
- Less faxing and mailing.
- Streamlined workflows.
- One login for multiple payers.

With Availity, your team can:

- Check eligibility and benefits.
- Submit professional and facility claims.
- Track claim and authorization status.
- Request and update authorizations.
- Attach clinical documentation to authorizations (up to 64 MB).
- View remittances.

Get Started

Encourage your office manager or supervisor to register all users so your team can work more efficiently.

Does your Organization's Availity Administrator Need Help Adding Users?

- Access on-demand training in the Availity Learning Center:
 - » From Availity's home page, select Help and Training > Get Trained. In the Catalog search, type *Administrator*.
- Access Availity's Provider Help Center, select *Administrators* from the help topics.

Questions?

Contact Availity Client Services: 1-800-282-4548.



Getting to Know WellCare's Plan Chief Financial Officer, David Wolff

What led you to joining WellCare of Kentucky?

I have worked for our partner organization (Centene) for more than 10 years in a variety of CFO and interim CEO roles for our health plans. I jumped at the opportunity to work with our CEO Corey Ewing and his exceptional leadership team to support our Kentucky members.

What are the key priorities for WellCare of Kentucky in the coming year?

Our mission drives our business. We aim to improve the health of the communities we serve one member at a time. 2026 provides the opportunity to assist our members and providers in navigating a rapidly changing environment, particularly for government-sponsored health care programs.

Talk about the importance of the WellCare/Provider relationship.

Providers are critical and essential partners to WellCare. Often serving as the frontline contact with our members to deliver access and high quality outcomes.

What do you believe is the most important quality for a successful team?

At WellCare, we measure success in the trust that we build. The most important quality of a high-performing team (or in the case of provider, partnership) is trust. We strive to operate in a transparent and honest manner to instill trust in all we do.

What was your first job, and what did you learn from it?

While still in high school, my first job was in a title office. I learned so many fundamental skills; still deploying the ethos of my manager—do things the right way, every time, no matter what.

What motivates you?

I'm motivated by my family and by our organization's mission. We serve a highly vulnerable population with critical needs. The work we do every single day has an impact on the lives of millions of Kentuckians.

What TV show are you currently binge-watching?

We are currently enjoying the NBA playoffs and the French Open.

What's the best advice you've ever received?

Whatever you choose to do, do your best.

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