

# Total Cost of Care



## A Message from Corey Ewing, WellCare of Kentucky CEO

Welcome to the first edition of our *Total Cost of Care* quarterly newsletter.

The launch of our Total Cost of Care initiative reflects a shared vision—delivering high-quality, coordinated care that improves outcomes while ensuring responsible stewardship of Medicaid resources.

As part of our ongoing partnership, our goal is to provide support to you, highlight opportunities and collaborate to provide high-quality, cost-effective care for the members we serve. By working together to close care gaps, enhance preventive services, and support whole-person care, we can create a more sustainable healthcare system for Kentucky's members and providers alike.

We appreciate your continued collaboration and dedication to advancing quality across our network. Thank you for participating in this program and for your commitment to improved outcomes for our members.



## Reporting: What to Expect

We're pleased to share important information about upcoming reporting timelines and access.

### Eligible recipients may receive their first surplus payment in August 2026 for Quarter 1.

Surplus payments are issued five months after each quarter concludes, allowing for claims run out. [See Table A on page 4](#) for the payment schedule.

### Report Access:

#### Entities that own their TIN(s):

Reports will be available through **Provider Analytics website**.

#### How to access Total Cost of Care Value Based Care (VBC) Reports:

1. Log into your WellCare Provider Portal using your WellCare credentials. <https://providerqa5.wellcare.com>
2. Click on the resources drop down, click on 'VBC TCOC Reports.'
3. You will be directed to the Provider Analytics website. Click on 'Downloadable VBC.'

**IPAs or groups without ownership of their TIN(s):** Reports will be provided monthly through the Secure File Transfer Portal (SFTP). Please keep in mind that files uploaded to SFTP will be deleted two weeks after they are delivered. Be sure to download and save your files promptly.

### Report Refresh Schedule:

- **Inpatient Census and Discharge reports:** These reports are updated on a daily basis.
- **Member Rosters** are available monthly around the middle of the month.
- **PEARS (Provider Engagement and Reporting Scorecard):** High-level performance views are refreshed monthly and may also be requested from your WellCare Provider Relations Representative.

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## Reporting: What to Expect, *continued*

- **All other reports** will be available starting at the end of March 2026, and at the end of each month thereafter in the WellCare Provider Portal under VBC TCOC Reports.
- Once reports are available you will receive a notification from your provider representative to access and download your reports.

### Training Opportunities:

- **March 2026** - How to access reports, Provider analytics Daily Census and Member Roster.
- **April and May 2026** - additional training will be scheduled once all other reports are available.
- Please watch for **email invitations** with registration details.

## Quality: Start the year strong and focused

As the new year begins, the importance of scheduling and conducting annual preventive exams is at its highest for all member populations. Being a TCOC contracted provider, annual preventive exams will help you achieve many of the quality adjustment measures. Conducting and billing annual preventive visits directly impacts the WCV (Child and Adolescent Well-Care Visits) and W30 (Well-Child Visits in the First 30 Months of Life) measures along with indirectly helping preventive screening measures like CCS (Cervical Cancer Screening), COL (Colorectal Cancer Screening) and BCS (Breast Cancer Screening). Having that one-on-one time to assess a patient and create a personalized prevention plan not only helps to close gaps in their care, it also fosters trust and shows you care about their long-term health.

### Suggested coding for annual preventive visits:

Age < 1 year	Ages 1-4	Ages 5-11	Ages 12-17 years	Ages 18-39 years	Ages 40-64 years	Ages 65+ years
Established Patient <b>99395</b>	Established Patient <b>99392</b>	Established Patient <b>99393</b>	Established Patient <b>99394</b>	Established Patient <b>99395</b>	Established Patient <b>99396</b>	Established Patient <b>99397</b>
New Patient <b>99385</b>	New Patient <b>99382</b>	New Patient <b>99383</b>	New Patient <b>99384</b>	New Patient <b>99385</b>	New Patient <b>99386</b>	New Patient <b>99387</b>

In addition to scheduling and conducting annual preventive visits, implementing proactive strategies can also help you achieve quality goals.

- Focus on the TCOC measures as reaching the goal rates will help you unlock more surplus dollars along with earning Medicaid P4Q dollars. (Reminder: P4Q Dollars earned are paid at the TIN level.)
- Implement necessary CPTII codes to capture services with administrative data, reducing the need for manual chart submissions on a portal.
- Consider partnering with us for a data feed to also assist in reducing the need for chart submissions. Data interoperability with some EHR's is possible.
- Automate patient engagement by using SMS/text reminders to reduce no-shows and improve appointment adherence. We may be able to partner and assist with different text campaigns as well.
- Foster teamwork between primary care and specialists to coordinate care.

## Risk: CoC+ Program updates

### We are pleased to announce the 2026 Continuity of Care Plus (CoC+) Program.

The CoC+ program supports providers in delivering high-quality care by using the Appointment Agenda to guide patient visits. This tool consolidates key insights, including health history, HEDIS® measures, pharmacy data, high-risk indicators, clinical information, and social determinants of health into a single, comprehensive view.

Providers can earn additional compensation by submitting completed Appointment Agendas with verified documented diagnoses on qualified claims. Providers should ensure that the medical record accurately reflects all active conditions and, when relevant, includes resolved or historical conditions. However, medical records are not accepted as a form of submission.

#### Earning Opportunities:

The 2026 Continuity of Care Plus (CoC+) Program offers **two distinct opportunities for primary care providers to earn additional compensation:**

- **Wellcare (Medicare):** up to \$450.
- **Ambetter from WellCare of Kentucky (Marketplace):** up to \$400.
- **WellCare of Kentucky (Medicaid):** up to \$200.

#### 1. Risk Adjustment Completion:

Earn compensation by completing the Risk Adjustment section of the Appointment Agenda. This involves reviewing and updating the patient's active/suspected conditions to ensure accurate and complete documentation.

#### 2. Comprehensive Insight Completion:

Earn additional compensation by completing all other insights presented on the Appointment Agenda. These include High Complexity, Quality (Care Guidance), Clinical, and Drivers of Health (Social Determinants).

#### How to Participate:

Conduct the Visit scheduled and complete an exam with the eligible member using the Appointment Agenda to guide the encounter. Assess the accuracy of listed clinical conditions, insights, and any care gaps.

#### Complete and submit the Appointment Agenda:

Fill out and submit the Appointment Agenda directly in the Secure Provider Portal.

- **Wellcare:** [provider.wellcare.com](https://provider.wellcare.com)
- **Ambetter from WellCare of Kentucky:** [ambetter.wellcareky.com/provider-resources/login.html](https://ambetter.wellcareky.com/provider-resources/login.html) Refer to the CoC+ FAQ for a list of other approved submission methods. Submit a Corresponding Claim or Encounter Document all active conditions and care gaps on a claim using the appropriate coding standards (ICD-10, CPT®, CPT II, HCPCS, or NDC).

#### Timeline:

Appointment agendas are loaded into the portal monthly Feb.–Oct. 2026.

2026 Meetings have already kicked off, and goals will be discussed as 2025 numbers are finalized. Several factors will determine goals such as previous participation and current risk scores.

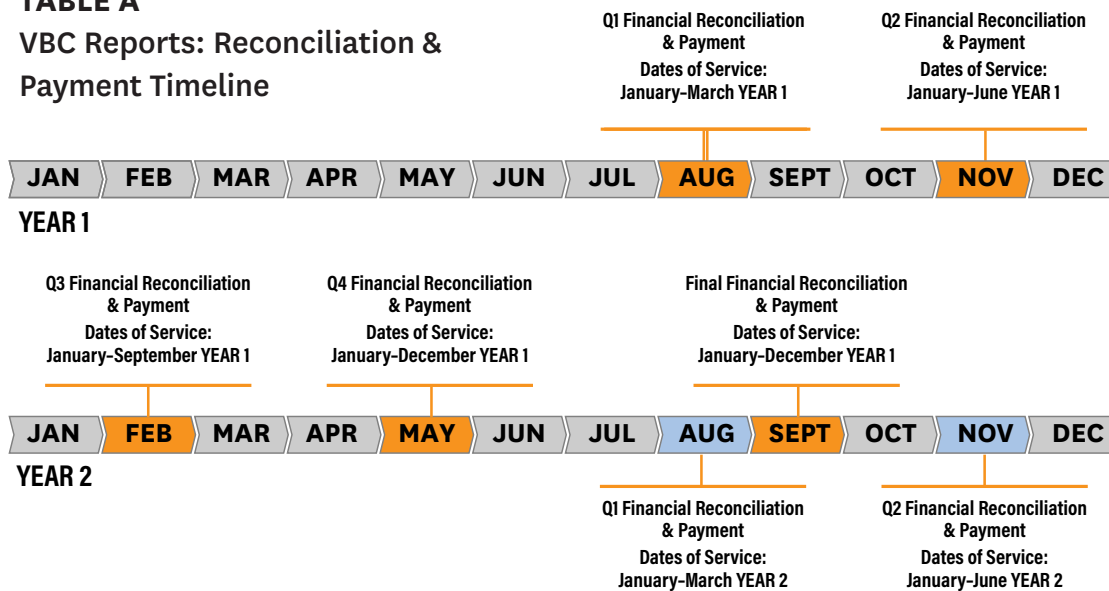
**June 2026:** Final payment for the 2025 program

**July 2026:** 2026 Q1 payment

The Provider Relations Risk Adjustment Team will begin hosting monthly Q&A webinars starting in April. These sessions are designed to provide program overviews, share new and important updates, and create an open forum for all provider groups to ask questions and engage in discussion. Our goal is to ensure everyone stays informed, supported, and confident in understanding the CoC+ program. For more information or the invitation to the webinars, contact [shannon.rice@wellcare.com](mailto:shannon.rice@wellcare.com).

## Timelines and Deadlines

**TABLE A**  
VBC Reports: Reconciliation & Payment Timeline



### Settlement Periods

- **Monthly reports:** produced at the end of each month, with a two-month lag (e.g., January's financial close are produced at the end of March).
- **Quarterly reconciliation reports:** applicable surplus payments occur 5-months after the quarter close.
- **Full Year (final) reconciliation:** occurs in September with 6-months of claims run-out.

Year-to-date (YTD) is the current reporting month inclusive of the settlement dates. The YTD file restates the settlement period for each future reporting month and reconciliation.

## Pharmacy

Below are important updates to the Kentucky Medicaid pharmacy formulary, effective as noted. Please review these changes to ensure appropriate prescribing and continuity of care for your Medicaid patients.

- **Entresto:** Effective Feb. 7, 2026, generic Entresto has been moved to the preferred drug list. Brand Entresto will be moved to non-preferred status effective March 7, 2026. Please consider prescribing the generic version when appropriate.
- **Pulmicort Flexhaler:** No longer covered due to the manufacturer's withdrawal from the federal drug rebate program. Other Pulmicort products remain covered. Please consider preferred alternatives such as Asmanex or fluticasone when prescribing.
- **Novolog Cartridge and FlexPen:** Effective Feb. 14, 2016, Novolog cartridge and FlexPen will be moved to preferred status.
- **Zegalogue Auto Injector:** Will no longer be covered due to discontinuation by the manufacturer.
- **Stelara:** Will no longer be covered as of April 1, 2026. Please transition patients to preferred biosimilar products, Pyzchiva or Yesintek.
- **Hypertonic Saline (for cystic fibrosis):** Effective April 1, 2026, hypertonic saline will require an appropriate diagnosis for approval.
- **Spravato:** This medication remains a pharmacy benefit only, per direction from Department for Medicaid Services (DMS) / State, and is applicable to all Managed Care Organizations (MCOs).

Thank you for your attention to these updates and for your continued commitment to patient care. Should you have questions regarding these changes, please contact the [Medicaid pharmacy program](#).

## Reminders and Resources



### 2026 WellCare of Kentucky Provider Summit Schedule

**April 21, 2026** – Bowling Green, KY  
WKU Knicely Conference Center  
2355 Nashville Road  
Bowling Green KY 42101

**April 23, 2026** – Lexington, KY  
Embassy Suites by Hilton  
Lexington UK Coldstream  
1801 Newtown Pike  
Lexington, KY 40511

**Register here:**  
[www.wellcareky.com/providers/provider-summits.html](http://www.wellcareky.com/providers/provider-summits.html)

### Clinical Documentation Improvement 2026 Webinar Series

**Smarter Coding. Stronger Documentation. Better Outcomes.**



Join us for interactive sessions designed to sharpen your documentation and coding skills.

Opportunities to strengthen and enhance coding and documentation. CEU's available for many of the webinars. Please scan QR code to see dates and times and register.

- ✓ Decode risk adjustment with real-world examples.
- ✓ Strengthen documentation to reflect true patient complexity.
- ✓ Stay compliant with evolving guidelines.
- ✓ Collaborate. Learn. Elevate your practice.



[REGISTER HERE](#)

Live sessions built for providers, non-physician practitioners, coders, billers, and support staff, because great documentation and coding starts with a great team!

**Advance registration is required.** Utilize the corresponding registration link provided for each topic to register (links are unique to each webinar). If you have questions or need assistance with registration, email us at: [CDIWebinars@centene.com](mailto:CDIWebinars@centene.com).

## Provider Relations Value Based Contracts Directory

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