2026

Partnership for Quality Program Update

Wellcare offers the 2026 Partnership for Quality (P4Q) Program, through which primary care providers can earn additional compensation by completing preventive care activities and closing care gaps for our members. In addition, providers can earn even more by caring for our Clinical Priority Members.

Program Update

The MY2026 Medicare Star Ratings program will no longer include Statin Therapy for Patients with CVD (SPC). As a result, SPC has been removed from the 2026 P4Q Program measures, and no payments will be made for performance on this measure.

P4Q Program Measures

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Annual Preventive Visit (APV)	$25	$25	$50	Annual Wellness Visit and/or Routine Physical Exam
Breast Cancer Screening (BCS)	$50	$10	$60	Mammogram
Controlling High Blood Pressure (CBP)	$100	$25	$125	Documented blood pressure reading

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For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. If you have any questions, please contact Provider Relations.

By Allwell
By Fidelis Care
By Health Net
By ʻOhana Health Plan

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Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Colorectal Cancer Screen (COL)	$50	$10	$60	Fit kit, colonoscopy, CT colonography
Diabetes – Dilated Eye Exam (EED)	$25	$10	$35	Comprehensive eye exam or retinal screening with proper diagnosis codes
Diabetes HbA1C ≤ 9 (GSD)	$100	$25	$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	$50	$10	$60	Urine screening and blood test
Medication Adherence – Blood Pressure Medications	$35	N/A	$35	Medication regimen
Medication Adherence – Diabetes Medications	$35	N/A	$35	Medication regimen
Medication Adherence – Statins	$35	N/A	$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	$50	$10	$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Use in Persons with Diabetes (SUPD)	$35	$10	$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	$50	$10	$60	Medication reconciliation encounter/intervention: 99483, CPT II Code 1111F

Clinical Priority Members

Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age, or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in the Gap in Care Reports. For questions, please reach out to your Provider Representative.

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P4Q Program Instructions

1. Contact patients to schedule an appointment. At the visit, order appropriate tests and preventive screenings, as applicable. Take action to help patients complete all preventive care and close care gaps by **December 31, 2026**.
2. Upon completion of the examination, document care, treatment and diagnosis in the patient's medical record. Submit all applicable diagnoses codes on claims, encounter files and/or approved NCQA supplemental electronic flat files containing all relevant ICD-10, CPT and CPT II codes by **January 31, 2027**.
3. Review and counsel on results of tests and screenings with patients.

Payment Information

The 2026 P4Q program has four payment cycles. Earnings in cycles one, two and three that total less than $100 will automatically be rolled to the next payment cycle. Any balances under $100 will be distributed during cycle four, subject to the conditions below. Payments for Medication Adherence measures, Controlling High Blood Pressure (CBP), Glycemic Status for Patients with Diabetes (GSD – Diabetes HbA1c ≤9), and Annual Preventive Visits (APV) will only be included in the final payment.

Conditions for Eligibility

The following additional conditions must be met to receive additional compensation under the P4Q Program:

1. The "Measurement Period" is Jan. 1, 2026, through to Dec. 31, 2026. Wellcare must receive all claims/encounters by January 31, 2027.
2. All P4Q Providers must: (a) be in a Participating Provider Agreement with Wellcare, either directly or indirectly through a vendor, from the Effective Date and continually through the Measurement Period; and (b) be compliant with the Participating Provider Agreement, including the timely completion of required training or education as requested or required by Wellcare.
3. Additional compensation is paid to the eligible member's Provider of record at the end of the applicable Measurement Period, as defined by this P4Q Program.
4. Any additional compensation earned through this P4Q Program is in addition to the compensation arrangement set forth in your Participating Provider Agreement and is intended to cover additional patient outreach, scheduling and documentation. At Wellcare's discretion, P4Q Providers with a contractual or other Quality compensation arrangement with Wellcare, either directly or through an Independent Practice Association (IPA) or vendor, may be excluded from participating in this Wellcare P4Q Program.
5. The terms and conditions of the Participating Provider Agreement, except for appeal and dispute rights and processes, are incorporated into this P4Q Program, including, without limitation, all audit rights of Wellcare. In addition, the P4Q Provider agrees that Wellcare or any state or federal agency may audit records and information.

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6. The P4Q Program is discretionary and subject to modification due to changes in government healthcare program requirements or otherwise. Wellcare will determine if the requirements are satisfied, and payments will be made solely at the discretion of Wellcare. The P4Q Provider does not have the right to appeal any decision made in connection with the P4Q Program. If the P4Q Program is revised, Wellcare will notify providers via email or other appropriate methods as permitted within the Participating Provider Agreement.
7. Wellcare reserves the right to withhold the payment of any additional compensation for this P4Q Program that may have otherwise been paid to a Provider to the extent that such Provider has received or retained an overpayment (any money to which the Provider is not entitled, including, but not limited to improper payments due to fraud, waste and abuse), and payments for ineligible members. In the event Wellcare determines a P4Q Provider has been overpaid, Wellcare may offset any additional compensation that may have otherwise been paid to the Provider against such overpayment.
8. Only one payment will be made for specific HEDIS® and Medication Adherence patient-measure combinations. The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).
9. Wellcare shall make no specific payment, directly or indirectly, under a Provider compensation program to a Provider as an inducement to reduce or limit medically-necessary services to a member, and this P4Q Program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.
10. Wellcare reserves the right to withhold the final payment of this P4Q program if the provider's Measurement Period MY2026 final Quality Score is 2.5 or less. Quality Score is a standardized composite metric that evaluates provider performance for paneled patients during the Measurement Period. Quality Scores are not rounded. Final Quality Score will follow CMS final cut points, except medication adherence measures will use a non-risk adjusted benchmark. Wellcare may exclude any measure(s) that cannot be calculated during the Measurement Period using claims or encounter data or that Health Plan cannot otherwise reasonably determine at the Provider level.
11. Annual Preventive Visit (APV) is a Wellcare custom care gap identified in Wellcare Gap in Care reporting that may be closed by a Medicare Annual Wellness Visit and/or a Routine Physical Examination. Completion of either service must meet CMS documentation and coding standards to satisfy preventive care compliance requirements and be completed by the member's paneled Provider.

Earn More with Continuity of Care Plus (CoC+)

You may be eligible for additional compensation through the Continuity of Care Plus (CoC+) program. During your patient visits, use the Appointment Agenda as a guide, and assess the validity of each insight listed. Providers may earn additional compensation of up to $450 per patient based on meeting program requirements.

For more information on participating in additional compensation programs, please contact your Provider Representative.