

# 2024 Continuity of Care Program



## PROGRAM STARTS FEBRUARY 2024

We are committed to supporting your efforts to provide the highest quality care to our members. As a result, we are excited to announce that our Continuity of Care (CoC) program will launch effective February 2024. This initiative incorporates Appointment Agendas, HEDIS® measures, and pharmacy metrics into one comprehensive view.



### Appointment Agenda

The CoC program is designed to support your outreach to members for annual visits and condition management, which will help us better identify members who are eligible for case management. The program achieves this goal by increasing visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn bonus payments for proactively coordinating preventive medicine and for thoroughly addressing patients' current conditions to improve health and clinical quality of care. Our members benefit from this program by receiving more regular and proactive assessments for their chronic conditions. The CoC program is in addition to our health plan's other provider bonus programs and does not replace them. Providers also have the ability to earn bonuses via Quality programs. Please refer to your provider portal or your health plan representative for more information.

Providers are eligible for a bonus for each completed Appointment Agenda (Health Condition History only) with verified and documented diagnoses on qualified claims. Bonuses increase when Appointment Agendas are submitted electronically (i.e., completing checkboxes via the secure provider portal, RxEffect, etc.). For a list of available submission methods, please see the QR code and URL at the end of the document.

THRESHOLD PERCENTAGE OF APPOINTMENT AGENDAS COMPLETED	BONUS PAID PER PAPER APPOINTMENT AGENDA SUBMISSION	BONUS PAID PER ELECTRONIC APPOINTMENT AGENDA SUBMISSION	ADDITIONAL MEDICARE BONUS PAID PER ELECTRONIC APPOINTMENT AGENDA SUBMISSION
<50%	\$50	\$100	\$100
≥50% to <80%	\$100	\$200	\$100
≥80%	\$150	\$300	\$100

Thresholds are calculated at the Company, Line of Business, and Provider level.



## Requirements

- ✓ Schedule and conduct a comprehensive exam with the patient using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.
- ✓ Create appropriate documentation of the comprehensive exam, including:
  - Patient name, date of birth, and date of service (DOS) on each page.
  - History.
  - Physical examination.
  - All active and coexisting conditions.
  - Treatment.
  - Provider name, signature, credentials, and date of signature.



## Submit Documentation

We meet our providers where they are, by providing several ways to submit your documentation for CoC bonuses. For a list of available electronic submission methods, please see the QR code and URL at the end of the document.

- ✓ Log on to the CoC dashboard through our Secure Provider Portal at **<https://provider.pahealthwellness.com/careconnect/login>**.
- ✓ Specify the conditions that do and do not exist using the checkbox function on the dashboard and submit. Each condition must have a box checked to be eligible for bonuses.

### OR

- ✓ Print the Appointment Agenda from the CoC dashboard on the Secure Provider Portal.
- ✓ Specify the conditions that do and do not exist using the checkbox section on the Appointment Agenda. Each condition must have a box checked to be eligible for bonuses.
- ✓ Sign, date, and submit the completed Appointment Agenda via fax to **1-813-464-8879** or via secure email to **[agenda@centene.com](mailto:agenda@centene.com)**.
- ✓ Submit a claim or encounter containing all relevant diagnosis codes.
- ✓ **NOTE: Comprehensive Medical Record (CPE) submissions are not eligible for CoC bonuses.**

Risk Adjustment Team



1-877-236-1320



[PHW\\_RiskAdjustment@PAHealthWellness.com](mailto:PHW_RiskAdjustment@PAHealthWellness.com)

## **Additional Information:**

- ✓ Providers are encouraged to assess as many members as possible for their disease conditions during the performance year.
- ✓ Members included in the program are those with disease conditions that need to be addressed and documented annually.
- ✓ Members are selected at the beginning of the program and are subject to change in future programs.
- ✓ Members are listed under their assigned provider's CoC dashboard.
- ✓ For member movement, speak with your health plan representative.
- ✓ Assessed member is defined as 100% of the gaps are addressed.
- ✓ Gaps are addressed by checking the appropriate box in the dashboard or on paper Agendas and submitting the correct diagnosis code(s) on the medical claim.
- ✓ Our health plan will monitor provider exclusion boxes that are checked on a consistent basis for validity.
- ✓ You must also submit a state-acceptable claim demonstrating that an assessment in a provider's office was performed.
- ✓ Upon receipt of the signed and completed Appointment Agenda, diagnoses submitted on claims will be verified for appropriateness of documentation.
- ✓ Our health plan will manage the bonus calculation, reconciliation, and payment processing.

Thank you for being a partner in our members' care. If you have additional questions, please contact Provider Services.



## **Program Information**

### **Summary**

CoC providers can potentially earn bonus payments in the 2024 calendar year by updating eligible members' health history, closing care gaps, and helping to ensure eligible members take prescribed medication. Bonus payments are triggered through the normal provider or health plan claim administration process.

**Risk Adjustment Team**

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## Instructions

The measurement period is **Jan. 1, 2024 – Dec. 31, 2024**.

- 1 SCHEDULE AND CONDUCT AN EXAM** with the eligible member(s) using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.
- 2 LOG ON TO THE CoC DASHBOARD** through the Secure Provider Portal, complete the check boxes, and submit the claims. (For a list of available electronic submission methods, please see the QR code or URL at the end of the document.)
  - You can also print the Appointment Agenda from the dashboard. Sign, date, and submit the completed Appointment Agenda.
  - Fax completed forms to **1-813-464-8879** or securely email to **agenda@centene.com**.
- 3 SUBMIT A CLAIM OR ENCOUNTER** containing the correct ICD-10, CPT, CPT II, or NDC codes. Upon receipt of the completed documentation, our health plan will verify that diagnoses were submitted and documented appropriately.



## Payment Process & Timelines

**Payments will begin after the second quarter of 2024 and will continue through the second quarter of 2025.**

- ✓ All claims or encounters must be submitted by **Jan. 31, 2025**, to be used in calculating the final payment.
- ✓ Our health plan may request medical records if we are unable to verify information using claims or encounter data.

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## Additional Conditions

### **Additional conditions for eligibility to receive a bonus under the CoC program are:**

- ✓ All CoC providers must: (a.) be in a participation agreement with our health plan, either directly or indirectly through a group, from the effective date and continually through the dates the bonus payments are made; and (b.) be in compliance with their participation agreement, including timely completion of required training or education as requested or required by our health plan.
- ✓ Bonuses are paid to the eligible member's CoC provider's Tax ID of record.
- ✓ Any bonus payments earned through this CoC program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other health plan bonus program(s) in which you participate. CoC providers who have a contractual or other bonus arrangement with our health plan, either directly or through an IPA or group, may be excluded from participation in the CoC program at our health plan's discretion.
- ✓ The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including, without limitation, all audit rights of our health plan. The CoC provider agrees that our health plan or any state or federal agency may audit the provider's records and information.
- ✓ The program is discretionary and subject to modification because of changes in government healthcare programs or otherwise. Our health plan has discretion to determine whether the requirements are satisfied and if payments will be made. There is no right to appeal any decision made in connection with the program. If the program is revised, our health plan will send a notice to the CoC provider by email or other means of notice permitted under the participation agreement.
- ✓ Our health plan reserves the right to withhold the payment of any bonus that may have otherwise been paid to a CoC provider to the extent that such CoC provider has received or retained an overpayment, including any money to which the CoC provider is not entitled, including but not limited to fraud, waste, or abuse. In the event that our health plan determines that a CoC provider has an overpayment, our health plan may offset any bonus payment that may have otherwise been paid to the CoC provider against overpayment.



- ✓ Our health plan shall make no specific payment, directly or indirectly, under a provider bonus program to a CoC provider as an inducement to reduce or limit medically necessary services to an enrollee (member). This CoC program does not contain provisions that provide bonuses, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.



## Important Contact Information

For a member with an Appointment Agenda, submit via:

**FAX: 1-813-464-8879**

**SECURE EMAIL: [agenda@centene.com](mailto:agenda@centene.com)**



**[centene.com/content/dam/corporate/educational-resources/2024-CoC-Program-FAQ.pdf](https://centene.com/content/dam/corporate/educational-resources/2024-CoC-Program-FAQ.pdf)**

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