

## Continuity of Care (CoC) Program

(Risk Adjustment Appointment Agendas)



## **CoC HCC Accuracy**

- Providers should:
  - Schedule and conduct a Comprehensive Exam with the patient assessing the validity of each condition on the Appointment Agenda
  - submit the Signed Appointment Agenda
    - AND submit same diagnosis code on medical claim
    - *OR* Gap addressed by checked exclusion box in dashboard
  - Email or fax paper agendas OR charts to:
    - <u>PHWAgenda@PAHealthWellness.com</u>
    - Fax: 1.844.918.0782 SUBJECT line: CoC
- PA Health and Wellness will manage the Bonus calculation, reconciliation, and payment processing.



## **Contact information**



EMAIL: PHWAgenda@PAHealthWellness.com

Fax:

1.844.918.0782

- SUBJECT LINE: CoC



## 2023 CoC Appointment Agenda





Page 1 of 1

Agenda ID: 17913504

MEMBER NAME

Member DOB

TIN Name :

Provider Name and ID :

2022 APPOINTMENT AGENDA - Use as a guide during the patient's visit

### Health Condition History / Continuity of Care

These conditions are based on claims submitted by providers and/or the member's medical history as of 1/7/2022. Please update diagnoses, as these conditions may no longer exist, their severity level may have changed, or they may have been replaced by other conditions.

Suspected Rx/Condition	Туре	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
Diabetes with Chronic Complications	Predictive Gap	ICD-10	E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy		
Disorders of Immunity	Persistency Gap	ICD-10	D61.810 Antineoplastic chemotherapy induced pancytopenia		
Metastatic Cancer and Acute Leukemia	Persistency Gap	ICD-10	C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck		

Persistency = DX Code(s) have appeared in prior claims

### Care Guidance

Address and document the Care Gaps below. Care Gaps are closed by <u>a claim, CPT, CPTII, HCPCS, DX codes</u> or applicable documentation. For additional information, please reference your Care Gap Report.

No data returned for this view

For questions on the Appointment Agenda form, please contact your Provider Representative.

All current Diagnoses and Care Gaps for 2022 dates of service must be documented in the patient's chart and submitted on claims.

Date

Provider Signature :

Provider Printed Name



Member Phone

Predictive = Possible condition/s) based on prior claims

2/1/2022 1:21:52 PM

'Active Diagnosis & Documented' – Patient is currently presenting with this condition. Providers must submit a claim with a diagnosis code that maps to the Disease Category listed on the agenda.

'Resolved/Not Present' – Patient is not presenting with this condition. Provider must submit a claim with a 2022 face to face visit and should submit appropriate codes for conditions the Patient is currently presenting.

All conditions must be addressed for the Agenda to be complete

Provider Credentials : MD, DO, PA, NP (circle one)

## Ways to submit





## **Telehealth Guidance**



### **Overview**

- Telehealth services that are furnished using interactive, audio/video, real-time communication technology are acceptable for the CoC program
- A non-public facing product that allows only the intended parties to participate is required
- Annual Wellness Visits can still be performed
- The E/M level selection furnished via telehealth can be based on Medical Decision Making (MDM) or time, with time defined as all of the time associated with the E/M on the day of the encounter
- Medicare does not offer clear guidance and relies on health care providers to serve their patients in good faith when utilizing technology through audio and video communication to deliver care

Providers should reference the CMS Telehealth Services document for further requirements when performing telehealth services

## **Provider Bonus for CoC**



### Bonus = \$100 for every Assessed Member.

### Can increase up to \$200 and \$300 based on meeting thresholds outlined below

% of Appointment Agendas Completed/Paid	Bonus Amt per Paid Appointment Agenda
<50%	\$100
>50 to <80%	\$200
>80%	\$300

### Assessed Member defined as:

- 100% of the risk adjustment gaps are assessed
  - Gaps assessed by submitting diagnosis code(s) on a medical claim OR
  - Gaps assessed by checking exclusion box in the CoC dashboard, OR
    - Centene will monitor provider exclusion boxes that are checked on a consistent basis
  - Gaps assessed by checking assessed and documented in CoC dashboard, or the no longer valid box in the CoC dashboard and submitting a Comprehensive Physical Exam (CPE) Medical Record
  - AND the provider has submitted a state acceptable paid claim demonstrating that an assessment in a provider's office was completed

*Note:* Participation in the CoC program may result in a request for medical records. The requests may be part of an internal health plan, state, and/or federal audit and or any NCQA's programs, such as HEDIS<sup>TM</sup>.



## **Secure Provider Portal**



From your home screen, select "Provider Analytics" from your right-hand menu.

• This will open in a new tab in your browser.

Participant ID or Last Name	Birthdate			
123456789 or Smith	mm/dd/yyyy	Check Eligibility		
Recent Claims STATUS RECEIVED D	DATE PARTICIP.	ANT NAME	CLAIM NO.	
Welcome				
Add a TIN to My AC	COUNT			>
Add a TIN to My AC	COUNT			>
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Add a TIN to My AC Manage Accounts Reports Patient Analytics Provider Analytics				> > > > > >

**Quick Eligibility Check for Pennsylvania Health and** 

### TIN Name TIN Number

### Resources Case Study Support Resource FAQ Tool Navigation Guide

### Supplemental Reports

COVID-19 Detail Daily IP & Discharge Weekly Med Claims Weekly Rx Claims

03-13-2023 03-13-2023 ... 03-12-2023 ... 03-12-2023 ... P4P and Quality Reporting Quality PA Ambetter 2022 PA Medicaid 2022 P4P Payment History PA Medicare P4Q 2022



Reference Materials



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All data shown here is for illustrative purposes only. No actual PHI data is presented.

### pa health & wellness. **CoC Portal Navigation** Export list to Excel. 🐣 CoC - Appointment Agenda Coded Thru NPI: ALL 7/13/2021 LOB: ALL TIN: Claims as of: Appointment Age dae Member: Search TIN Info button is a reate Active Member ID Member Last Member First Date of Birth Med Med Rec Med Rec NPI Assesse Date Agenda Name Name Rec Ind Rcvd Appr drop-down 2021-02 Y N 1851367155 N 1003848300 2021-02 Y Y Y N menu Users can 2021-02 Y Y N N 1558381012 search for a containing Y 2021-02 Υ N N 1003848300 specific Y 2021-02 Y N N 1366495079 links to FAQs. patient by Y Y 2021-02 N N 1588975163 typing in 2021-02 Y Y N N 1306089628 either name NPI: or patient Member: DOB: 12/10/1942 Read Only ID. Assessable Diagnosis Resolved / **Disease Condition** Assessment Status DOS Mod Date Status Active Diagnosis & Not Present Documented Breast, Prostate, and Other C73 MALIGNANT NEOPLASM OF THYROID Coded Through 04/15/2021 Cancers and Tumors GLAND Claims Chronic Obstructive Pulmonary J82.81 CHRONIC EOSINOPHILIC Unassessed . Disease PNEUMONIA Coded Through 04/15/2021 Congestive Heart Failure 150.9 HEART FAILURE UNSPECIFIED Claims Morbid Obesity E66.01 MORBID SEVERE OBES D/T Unassessed 06/18/2019 EXCESS CAL

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Once a box is checked/unc hecked, user needs to click "UPDATE" to save any updates

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## **Portal Updates**





Note the claims date for data in the portal. Any claims submitted after the reflected date, will update on the next refresh