

# Continuity of Care (CoC) Program

(Risk Adjustment Appointment Agendas)



## **CoC HCC Validation**

- 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 to:
    - agenda@centene.com
    - Fax: 1.844.464.8879 SUBJECT line: CoC
- PA Health and Wellness will manage the bonus calculation, reconciliation, and payment processing.





Email:

PHW\_RiskAdjustment@PaHealthWellness.com

## Fax: 1.844.918.0782 SUBJECT LINE: CoC

Phone: 877-236-1320



# **CoC Appointment Agenda**





 Agenda ID:
 17913504
 Page 1 of 1
 2/1/2022 1:21:52 PM

 MEMBER NAME
 Member Phone

 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update diagnoses, as these conditions may no longer exist, their severity level may have changed, or they may have been replaced by other conditions.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 pancytopehia		
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



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.

'Active Diagnosis & Documented'

Patient is currently presenting

diagnosis code that maps to the

Disease Category listed on the

with this condition. Providers

must submit a claim with a

All conditions must be addressed for the Agenda to be complete

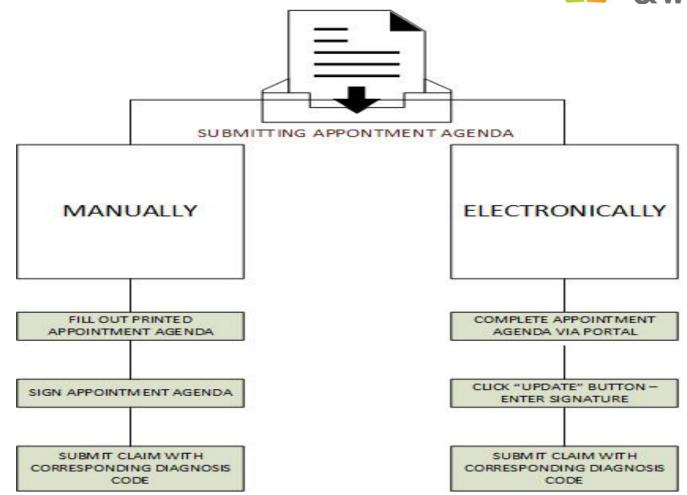
Provider Credentials : MD, DO, PA, NP (circle one)

Predictive = Possible condition/s) based on prior claims



# Ways to Submit





# **CPE/Chart Submissions**



 Comprehensive Medical Record (CPE) submissions are no longer accepted in place of submissions of appointment agendas and are not eligible for CoC bonuses.

## **Telehealth Guidance**



- 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 or \$50 for every Assessed Member.

Can increase based on meeting thresholds outlined below and how Appointment Agendas are submitted (electronically vs paper).

% of Appointment Agendas Completed/Paid	Bonus Paid per Electronic Appointment Agenda Submission	Bonus Paid per Paid Paper Appointment Agenda Submission
<50%	\$100	\$50
>50 to <80%	\$200	\$100
>80%	\$300	\$150

## 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 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>.



Image: Second	pa health & wellness
Attention Providers!	Select SUBMIT
O         Welcome,         Get summaries of claims data at a glance and easy access to the options you use most.	Inpatient Authorizations View All Useful Links
Admin Settings Add and manage user access and information. * Add User Add User * Add a TIN	Reports       Image: Training         This repository contains reports that are uploaded and maintained by the health plan.       All network providers are required to complete an annual Model of Care training.       Patient Analytics
Log on to the CoC dashboard through our Secure	Image: Provider Analytics     Care & Risk Gaps-Daily View     Image: PAI Provider Survey       Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and risk/high impact members in the     Provider are directed to Interpreta, where they can view data for high-risk/high impact members in the     This survey enables providers to update their accessibility information.

lower cost.

selected population.

Provider Portal at

https://provider.pahealthwellness.com/careconnect/l ogin.

Once on the homepage scroll down to "Useful Links" Select "Provider Analytics"

Terms and Conditions box will pop up and agree to terms

## **Provider Analytics**

**TIN Name** 

**TIN Number** 

## ¢

## Resources

Case Study Support Resource FAQ Tool Navigation Guide

## Supplemental Reports

COVID-19 Detail	03-18-2024	
Daily IP & Discharge	03-25-2024	<u></u>
Weekly Med Claims	03-24-2024	<u></u>
Weekly Rx Claims	03-24-2024	<u></u>

## **Reference Materials**

Data Dictionary

P4P and Quality Reporting
Quality
PA Ambetter 2022
PA Ambetter P4P 2023
PA Medicaid P4P 2023
PA Medicaid 2022
PA Medicare P4Q 2022
P4P Payment and Member History
PA Medicare P4Q 2023

## Dashboards

Summary

Cost Utilization/Services

CoC - Appointment Agenda -2024



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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 Assesse Active Member ID Member Last Member First Date of Birth Med Med Rec Med Rec NPI 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 Υ 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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# **Portal Updates**



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