

**2021**

# Continuity of Care Program

(FORMERLY PARTNERSHIP FOR QUALITY)

Program Starts Feb. 2021



## LOOK INSIDE TO FIND:



Program Overview



**We're Here to Help**

Call Provider Services at **1-866-874-0633**



Program Information Guide

[pshp.com](https://pshp.com).

# Continuity of Care Program

Peach State Health Plan is committed to supporting your efforts to provide the highest quality of care for our members. We are excited to announce that effective Feb. 2021, Peach State Health Plan will launch the Continuity of Care (CoC) program (formerly known as Partnership for Quality, or P4Q). Our 2021 Program incorporates Appointment Agendas, HEDIS and Pharmacy measures into one comprehensive program. Ask your health plan representative for additional information on the Quality incentives.

## 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 programs. The program achieves this goal by increasing PCP visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn incentive payments for proactively coordinating preventive medicine and thoroughly addressing all of the patients' current conditions to improve health and providing appropriate clinical quality of care. Our members benefit from this program by receiving more regular and proactive assessments and chronic condition care. Please note, the CoC program is in addition to your current Peach State Health Plan P4P program and does not replace it.

Provider is eligible for a bonus for each completed Appointment Agenda (Disease Conditions/Continuity of Care portion only) with verified/documented diagnoses.

### 2021 PROGRAM YEAR: DATES OF SERVICE JAN. 1, 2021 - DEC. 31, 2021

Percent of Appointment Agendas Completed	Bonus Amount Per Paid Appointment Agenda
<50%	\$100
>50% to <80%	\$200
>80%	\$300



#### 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.



## Submit Documentation

There are two ways to submit the documentation for the CoC bonus:

- Log into the CoC dashboard through our Secure Provider Portal at [pshp.com](https://pshp.com).
- Assess as many members as possible for their disease conditions during the performance year, correctly code confirmed conditions on claims and specify the conditions that do not exist, using the check-box function on the dashboard.
- Members included in the program are those with disease conditions that need to be addressed 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, but can be moved to the attributed provider at health plan's request.
  - For member movement, speak with your Provider Representative.
- **Assessed member is defined as 100% of the gaps are addressed.**
  - Gap addressed by submitting diagnosis code on medical claim OR
  - Gap addressed by checked exclusion box in dashboard.
    - The health plan will monitor provider exclusion boxes that are checked on a consistent basis.
  - The provider has submitted a state acceptable paid claim demonstrating that an assessment in a provider's office was performed.

**OR**

- Print the Appointment Agenda from the CoC dashboard on the Secure Provider Portal.
- Sign, date and submit the completed Appointment Agenda, and/or a Comprehensive Exam Medical Record via fax to 813-464-8879 or securely email to [agenda@centene.com](mailto:agenda@centene.com), and submit a claim/encounter containing all relevant diagnosis codes.
- Upon receipt of the signed and completed Appointment Agenda, diagnoses submitted will be verified for appropriateness of documentation.

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Peach State Health Plan will manage the bonus calculation, reconciliation and payment processing.

Thank you for being our partner in our members' care. If you have additional questions, please contact Provider Services at 1-800-874-0633.



# Program Information Guide

## Summary

CoC Providers can potentially earn bonus payments in calendar year 2021 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/Peach State Health Plan claim administration process.

### Instructions

The measurement period is Jan. 1, 2021 - Dec. 31, 2021.

**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 LOGIN TO THE CoC DASHBOARD**  
through the Secure Provider Portal, complete the check boxes and submit the claims.

- You can also print the Appointment Agenda from the dashboard. Sign, date and submit the completed Appointment Agenda.
- Fax completed forms to 813-464-8879 or securely email to [agenda@centene.com](mailto:agenda@centene.com).

**3 SUBMIT A CLAIM/ ENCOUNTER**  
containing the correct ICD-10, CPT, CPT II or NDC codes. Upon receipt of the completed documentation, Peach State Health Plan will verify diagnoses were submitted and documented appropriately.

## Payment Process & Timelines



Payments will begin after the second quarter of 2021 is completed and processed and will continue throughout 2022.

- All claims/encounters must be submitted by Jan. 31, 2022, to be used in calculating the final payment.
- Peach State Health Plan may request medical records if unable to verify information using claim/encounter data.

## 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 Peach State 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 Peach State Health Plan.
- Bonuses are paid to the eligible member's CoC provider 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 Peach State Health Plan. bonus program in which you may participate. At Peach State Health Plan's discretion, CoC providers who have a contractual or other bonus arrangement with Peach State Health Plan, either directly or through an IPA/group, may be excluded from participation in the CoC program.
- 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 Peach State Health Plan. The CoC provider agrees that Peach State Health Plan or any state or federal agency may audit the records and information.
- The program is discretionary and subject to modification because of changes in government healthcare programs or otherwise. Peach State Health Plan will determine whether the requirements are satisfied and payments will be made solely at Peach State Health Plan's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, Peach State Health Plan will send a notice to the CoC provider by email or other means of notice permitted under the participation agreement.







## Program Information Guide

### *Additional Conditions continued*

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

- Peach State 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 Peach State Health Plan determines a CoC provider has an overpayment, Peach State Health Plan may offset any bonus payment that may have otherwise been paid to the CoC provider against overpayment.
- Peach State 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. 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 members that have had an Appointment Agenda created, submit by:*



**FAX 813-464-8879**



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

## Definitions

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### **APPOINTMENT AGENDA**

A guide to help providers review gaps in an eligible member's care during an office visit. The document contains care gaps and health conditions derived from reviewing the member's historical claims data and identifying chronic conditions for which data indicates documentation and care are required.



### **BONUS**

The additional reimbursement beyond the contracted rates in the participation agreement a CoC provider may receive if CoC requirements are met.



### **EFFECTIVE DATE**

Program starts Feb. 2021, for dates of service Jan. 1, 2021 - Dec. 31, 2021.



### **ELIGIBLE MEMBER**

A member specifically identified by Peach State Health Plan as having a health condition(s) or care gap(s) for which Peach State Health Plan is seeking validation via claims/encounter submissions and/or electronic medical record (EMR) feeds.



### **CoC PROVIDER**

A primary care physician (PCP), group or Independent Practice Association (IPA) who has a contract with Peach State Health Plan and receives this program information guide.

