

Agenda ID: XXXXXXXX

<MEMBER LAST NAME, MEMBER FIRST NAME><MEMBER ID>

Member Phone: (XXX)-XXX-XXXX

Member DOB: <M/D/YYYY>

TIN Name: <TIN NAME><TIN>-<STATE>

IPAA Name: <IPAA>

Provider Name and ID: <NPI NAME><NPI>

2026 MEDICAID Appointment Agenda A Guide to the Patient's Visit

Disclaimer: Paper submissions take longer to process. For available electronic submission methods, please use the QR code or URL below.

| Insight Information | | | | Select a response indicating the Status of each Insight | | | |
|---------------------|-----------------------|---|--------------|---|--------------------------|--------------------------|--------------------------|
| Insight Type | Insight Description | Diagnosis/Supporting Information | Relevant DOS | Active & Documented | Resolved/Not Present | Addressed Previously | Patient Referred |
| Risk Adjustment | <Insight Description> | <Diagnosis/Other Info/Supporting Information> | <MM/DD/YYYY> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High Complexity | <Insight Description> | <Diagnosis/Other Info/Supporting Information> | <MM/DD/YYYY> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality | <Insight Description> | <Diagnosis/Other Info/Supporting Information> | <MM/DD/YYYY> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical | <Insight Description> | <Diagnosis/Other Info/Supporting Information> | <MM/DD/YYYY> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drivers of Health | <Insight Description> | <Diagnosis/Other Info/Supporting Information> | <MM/DD/YYYY> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For questions on the Appointment Agenda form, please contact your provider representative.

Please complete form, sign, and send via fax to 844-608-0465 or via secure email to agenda@centene.com

Please ensure all current diagnoses and care gaps for 2026 are documented in the patient's chart and submitted on the claim. By submitting this form, you attest that the information is accurate, based on your assessment during the encounter, and properly documented in the medical record. **Please Note: The Appointment Agenda cannot be used as a medical record.**



Provider signature: _____

Date: ____ / ____ / ____

Provider printed name: _____

Provider credentials: MD DO PA NP (circle one)

CoC+ Provider FAQ: Use the QR Code or URL to access the CoC+ Provider Frequently Asked Questions.



centene.com/content/dam/corporate/educational-resources/CoC-Program-FAQ.pdf