Continuity of Care Plus (CoC+) Program: Frequently Asked Questions (FAQ)

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Approved CoC+ Submission Methods

Submission Type	Submission Method Name	How to access:	Features
Electronic	Secure Provider Portal:	URL specific to Health plan	▪ Available for Medicare, Medicaid, and Marketplace. ▪ Contains all insights including Risk Adjustment and other Comprehensive Insights. ▪ Complete and submit the Appointment Agenda electronically. ▪ Export Appointment Agenda to PDF. ▪ Export Member Panel to Excel spreadsheet.
Electronic	Wellcare Provider Portal:	provider.wellcare.com	▪ Available for Legacy Wellcare Providers. ▪ Complete and submit the Appointment Agenda electronically. ▪ Export Appointment Agenda to PDF. ▪ **Note: only contains Risk Adjustment Insights.**
Electronic	Clinical Care Action (CCA)	Single Sign-on (SSO): ▪ Secure Provider Portal ▪ Wellcare Provider Portal ▪ Availity Portal ▪ Fidelis Portal	▪ Available for Medicare, Medicaid, and Marketplace. ▪ Contains all insights including Risk Adjustment and other Comprehensive Insights. ▪ Complete and submit the Appointment Agenda electronically. ▪ Export Appointment Agenda to PDF.
Electronic	RxEffect	auth.rxante.com	▪ Available for Medicare and Marketplace. ▪ Contains all insights including Risk Adjustment and other Comprehensive Insights. ▪ Complete and submit the Appointment Agenda electronically. ▪ Export Appointment Agenda to PDF.

Electronic	EMR Bi-directional Solutions: ▪ Healow Insights ▪ Athena Moment of Care ▪ Epic Payer Platform ▪ Veradigm ▪ VIM	Dependent on the solution. For more information, contact your assigned provider engagement representative.	▪ Open member gaps are pushed directly to provider's EMR. ▪ Conditions are reviewed at time of service. ▪ Confirmed conditions are added to assessment, treatment plan, and claim. ▪ **Note: Features dependent on the solution.**
Paper	Fax: 844-608-0465	Export Appointment Agenda to PDF and complete manually.	▪ **Notes**: o Paper submissions take longer to process. o Paper submissions receive reduced compensation.
Paper	Email: agenda@wellcare.com agenda@centene.com	Export Appointment Agenda to PDF and complete manually.	▪ **Notes**: o Paper submissions take longer to process. o Paper submissions receive reduced compensation.
Paper	Spreadsheet submission	Export Appointment Agenda to Excel spreadsheet and complete.	▪ **Notes**: o Paper submissions take longer to process. o Paper submissions receive reduced compensation.

(Continue to FAQ)

Top FAQs from Providers

Where do I find payment details (i.e., which patient did I receive payment for)?

Payment details can be located within the PaySpan portal. You must be registered with PaySpan Health to receive Automated Clearing House (ACH) / Electronic Funds Transfer (EFT) and/or Explanation of Payments (EOP) details. For specific inquiries on bank information or help registering for the PaySpan portal, please contact the PaySpan provider support team at **1-877-331-7154** or **providersupport@PaySpanhealth.com**.

We highly recommend that providers register with PaySpan to avoid delays with payment processing. **To register:** Go to **payspanhealth.com** and click the "Register Now" button. If you don't have a registration code, simply enter your National Provider Identifier (NPI), Taxpayer Identification Number (TIN), and billing ZIP code. Then click "Submit." If you have a registration code, enter it in the box on the right and click "Submit." If you are unable to locate your EOPs, please contact your Health Plan Provider Representative.

Why did I get an Appointment Agenda for a patient that isn't on my panel and/or that I haven't seen before?

Appointment Agendas are created for patients in the program with the Primary Care Provider (PCP) to which they are assigned / attributed. If you receive an Appointment Agenda for a patient that is no longer seeing you, you can notify your Health Plan Provider Representative. The Appointment Agendas for patients who change PCPs will become inactive and will be recreated under the new assigned PCP's TIN in future waves.

Why can't I find an Appointment Agenda on the portal?

Appointment Agendas for patients who are no longer active will not populate in the portal. The patient may have had a previously paid Appointment Agenda with another provider during the year; these are removed from the portal. If you have further questions, or if you have a patient for whom you are the PCP and they should be active in the portal, please contact your Health Plan Provider Representative.

Who can submit / sign Appointment Agendas?

Any person in the practice that facilitates the completion of the Appointment Agenda at the point of care may sign and submit the completed Appointment Agendas.

Do I have to check a box for conditions listed as "coded through claims" in provider analytics?

Conditions listed as "coded through claims" are conditions that have already been submitted on a current year claim. If you are the

physician who previously documented, treated, and submitted the condition on the claim, an Appointment Agenda with the "**Active & Documented**" checkbox completed must be submitted to be eligible for compensation from the CoC+ Program. For such conditions, please verify that you have documented the support for the diagnoses in the patient's medical record.

If you did not document, treat, and submit a claim for that condition previously, it is appropriate to mark the "**Resolved/Not Present, Addressed Previously, or Patient Referred**" checkbox accordingly.

Can I upload the patient's chart to close the condition if it wasn't included on a claim?

Comprehensive Physical Exam (CPE) / medical record submissions are not accepted for the CoC+ Program.

How do I address conditions of which I am unsure?

Refer to the crosswalk for a list of International Classification of Diseases, 10th Edition (ICD-10) codes that map to each condition. If the ICD-10 code is listed for that condition category, you would indicate "Active and Documented." If the ICD-10 code is *not* listed under the condition category, you would indicate the condition as "Resolved/Not Present." All conditions marked "Active" need to be documented on your claim.

Which workflow should I use to address conditions on the Appointment Agenda and to address/close care gaps?

- Schedule a visit with the patient.
- Use the Appointment Agenda as a guide during the visit.
- Assess each gap (checking a box).
- Document all "active" gaps/insights in both the medical record and on your claim; non-present conditions should not be documented on your claim, including appropriate ICD-10, Current Procedural Terminology (CPT®), CPT II, Healthcare Common Procedure Coding System (HCPCS), and/or National Drug Codes (NDC). We also encourage you to note in the medical record any conditions that are no longer present or are considered "history of."
- Submit Appointment Agenda (refer to Pages 2-3 for available submission methods).
- Submit a claim with all appropriate diagnosis codes/ICD 10s.

Why do I need to participate in the CoC+ Program when you receive the diagnosis code on my claims?

CoC+ is a provider engagement program in which our providers receive added compensation for addressing care gaps, performing screenings, and counseling members on their conditions. Completed and verified Appointment Agendas are eligible for the additional compensation through our CoC+ Program. Our program targets patients within Wellcare and Centene Marketplace, Medicare, and Medicaid lines of business with disease conditions that need to be assessed year over year. Appointment Agendas also provide

predictive gaps, meaning possible conditions that are based on prior claims, prescriptions, labs, tests, provider types, and procedures.

Should I mark "Resolved/Not Present, Addressed Previously, or Patient Referred" if I saw the patient but did not treat the patient for that condition?

We encourage you to assess all displayed conditions at the point of care. If you are not treating a condition listed during the patient's visit based on your best clinical judgment, it is appropriate to check "**Resolved/Not Present, Addressed Previously, or Patient Referred**" on the Appointment Agenda for that specific condition and document accordingly in the patient's medical record.

Why is the current diagnosis blank (predictive conditions — where the last date of service is listed as 12/31/1999)?

This is a predictive gap. This condition has not been coded in the past, but it is suspected the condition could exist due to medical and prior claims data (labs, tests, or prescriptions) we have as a health plan. We provide this to give you a broader possible clinical picture of your patient.

Do Appointment Agendas change throughout the year?

Appointment Agendas are refreshed regularly to account for any membership changes throughout the year. Some data listed on the Appointment Agenda may appear differently as a result of a refresh, which typically occurs monthly.

The "High Complexity" insights on the Appointment Agenda can also update independently of the planned quarterly refreshes. It is important to access Appointment Agendas electronically through the secure provider portal to ensure that you are viewing the most up-to-date version.

How else can I participate in the CoC+ Program?

While we prefer that you complete and submit Appointment Agendas to participate in CoC+ Program, we also partner with vendors to offer alterative solutions to meet providers where they are. For 2026, we are partnering with the following vendors:

- Optum.
- Vatica Health.
- UST HealthProof.

Please note that compensation amounts for our other programs may vary. Additional vendors may also be added during the program year. For more information, please contact your Health Plan Provider Representative.

Are there any other provider incentive programs I can participate in?

Yes, there are other provider incentive programs that may be available depending on your eligibility and line of business. These include:

- Pay-for-Performance (P4P).
- Partnership for Quality (P4Q).
- RxEffect Provider Incentive Program.

For more information on these programs, please contact your Health Plan Provider Representative.

Is there a way to share feedback about the CoC+ Program?

Yes! We have a CoC+ provider survey. Share your feedback using the URL or QR Code below.

cnc.sjc1.qualtrics.com/jfe/form/SV_8v9PSQvTzm5f2Si