



Continuity of Care (CoC) Program

Risk Adjustment – Appointment Agenda Program

March 30, 2023



Agenda

- What is Continuity of Care
- What is Risk Adjustment
- Provider Bonus
- Appointment Agenda Dashboard
- How to submit an Appointment Agenda
- Q&A



What is Continuity of Care Program (CoC)?

- Continuity of Care Program (CoC) is a Provider Engagement Program. Providers receive incremental bonuses for their incremental work
- Continuity of Care (CoC) is a Risk Adjustment bonus program for our Providers
- Risk Adjustment pays Bonuses for completed and verified Provider Appointment Agendas and/or submission of Comprehensive Exam medical records.
- This is a claims-based program – members need to be assessed during the program year by their PCP along with a claim submitted to support the provider's assessment.
- Appointment Agendas serve as a valuable tool that provides offices with both insight into historical diagnosis data (submitted on their patients), as well as clinical services (that research has shown beneficial to member health) for providers to use to assist in assessing their members to ensure all member conditions are assessed at least once per year.
- Providers earn Bonus payments for proactively coordinating preventive medicine and thoroughly assessing all their patients' current conditions to improve health and provide appropriate clinical quality of care.

What is Continuity of Care Program (CoC)?

Targeted Lines of Business (LOB)

- WellCare and Centene Marketplace, and Medicaid
- Eligible providers and members are loaded into the Continuity of Care (CoC) Dashboard on the Secure
- Provider Portal Who is included in the program?
- Members included in the program are those with disease conditions that need to be assessed year over year
 - Member's selections are identified at the beginning of the program and are subject to change in future programs
 - Selected members are listed under their assigned provider's Continuity of Care (CoC) dashboard but can be moved to the attributed health plan provider at plan request (Centene members only)
 - Incremental additions due to new members into the health plan and member moves may contribute to the adds, deletes, and changes to the agendas during the program year

What is Risk Adjustment?

- CMS-HCC Risk Adjustment is the process by which the Centers for Medicare & Medicaid Services (CMS) adjusts payments to Medicare Advantage Plans based on the perceived healthcare needs (i.e., anticipated healthcare expenditures) of their members.
- These needs are determined using member demographics (age, gender) and diagnoses that were reported for members the previous year. What are Hierarchical Conditions Categories (HCC's)? HCCs are a hierarchy of condition categories for Medicare and Marketplace that link to corresponding diagnosis categories. CMS determines the qualifying codes and assigns risk adjustment factors to HCCs.
- The number of HCCs and affected ICD-10-CM codes can change from year to year. Each year, CMS determines which diagnosis codes qualify for inclusion in the model, sets the number of HCCs, and assigns a risk adjustment factor to each HCC category.

Note: Medicaid maps diagnoses to Disease Categories corresponding to chronic diseases. Why is Risk Adjustment important?

The main role of diagnosis codes in the model is to increase diagnosis coding accuracy. This helps Centene improve outcomes by identifying members who may benefit from Disease Management Programs and matching them with the appropriate level of care.

Provider Bonus for Continuity of Care (CoC) Program

% 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 checking 'Active Diagnosis & Documented' or 'Resolved / Not Present' box in the Continuity of Care (CoC) dashboard or submitting a Comprehensive Exam (CPE) Medical Record for Medicare and Marketplace. Medicaid may not submit CPEs.
- Active Diagnosis & Documented' gaps assessed by submitting diagnosis code(s) on a medical claim OR • 'Resolved / Not Present' gaps assessed by checking the box in the Continuity of Care (CoC) dashboard, OR
- Centene will monitor provider exclusion boxes that are checked on a consistent basis • AND the provider has submitted a claim demonstrating that an assessment in a provider's office was complete

How to View a member in the dashboard

- Click on hyperlink under member ID. Member details will deploy below. The Provider can assess the members conditions by checking the boxes 'Active Diagnosis & Documented' or 'Resolved/ Not Present' then submit the agenda.
- This is a claims-based program, the provider must submit a claim for a 2023 date of service and if they mark the condition as 'Active Diagnosis & Documented' they must submit a corresponding ICD10 on a claim

CoC - Appointment Agenda

Coded Thru: 9/14/2021 LOB: ALL TIN: NPI: ALL

Member: Member List: Appointment Agendas:

Create Date	Active Agenda	Member ID	Member Last Name	Member First Name	Date of Birth	Med Rec Ind	Med Rec Rcvd	Med Rec Appr	NPI	Assessed	Unassessed	Assessed %
2021-08	Y					Y	N	N		1	8	11.1%
2021-08	Y					Y	N	N		1	8	11.1%
2021-02	Y					N	N	N		3	8	27.3%
2021-06	Y					N	N	N		0	7	0.0%
2021-01	Y					Y	N	N		1	7	12.5%
2021-06	Y					Y	N	N		1	7	12.5%
2021-02	Y					N	N	N		4	7	36.4%

NPI:

Member: DOB:

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Angina Pectoris		Unassessed	12/31/9999		●	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Kidney Disease, Moderate (Stage 3)		Unassessed	12/31/9999		●	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation Defects and Other Specified Hematological Disorders		Unassessed	12/31/9999		●	<input type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure		Unassessed	12/31/9999		●	<input type="checkbox"/>	<input type="checkbox"/>
Major Depressive, Bipolar, and Paranoid Disorders		Unassessed	12/31/9999		●	<input type="checkbox"/>	<input type="checkbox"/>

Disease Condition Mapping is Embedded in the Platform

Click on the hyperlink under Disease Condition to populate the crosswalk

CoC - Appointment Agenda

Coded Thru Claims as of: 9/14/2021 LOB: MEDICARE TIN: NPI: ALL

Member: Search

Member List Appointment Agendas
Excel TIN NPI Member

Create Date	Active Agenda	Member ID	Member Last Name	Member First Name	Date of Birth	Med Rec Ind	Med Rec Rcvd	Med Rec Appr	NPI	Assessed	Unassessed	Assessed %
2021-06	Y					Y	N	N		0	5	0.0%
2021-06	Y					Y	N	N		0	3	0.0%
2021-06	Y					Y	N	N		0	2	0.0%
2021-08	Y					Y	N	N		0	1	0.0%
2021-06	Y					Y	N	N		1	1	50.0%
2021-06	Y					Y	N	N		1	0	100.0%

NPI:

Member:

Assessable

Disease Condition	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
Chronic Obstructive Pulmonary Disease	D64.1 Secondary sideroblastic anemia due to disease	<input type="checkbox"/>	<input type="checkbox"/>
	D64.2 Secondary sideroblastic anemia due to drugs and toxins	<input type="checkbox"/>	<input type="checkbox"/>
	D64.3 Other sideroblastic anemias	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation Defects and Other Specified Hematological Disorders	D65 Disseminated intravascular coagulation [defibrination syndrome]	<input type="checkbox"/>	<input type="checkbox"/>
	D68.0 Von Willebrand's disease	<input type="checkbox"/>	<input type="checkbox"/>
	D68.1 Hereditary factor XI deficiency	<input type="checkbox"/>	<input type="checkbox"/>
	D68.2 Hereditary deficiency of other clotting factors	<input type="checkbox"/>	<input type="checkbox"/>
	D68.311 Acquired hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
	D68.312 Antiphospholipid antibody with hemorrhagic disorder	<input type="checkbox"/>	<input type="checkbox"/>
	D68.318 Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors	<input type="checkbox"/>	<input type="checkbox"/>
	D68.32 Hemorrhagic disorder due to extrinsic circulating anticoagulants	<input type="checkbox"/>	<input type="checkbox"/>
	D68.4 Acquired coagulation factor deficiency	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes without Complication			
Major Depressive, Bipolar and Paranoid Disorders			
Vascular Disease			

Read Only

How Providers Submit an Agenda

attest that I am certified to make updates.

cia Brady

Enter Name

OB:

DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
10/05/2019	05/14/2020		<input type="checkbox"/>	<input type="checkbox"/>
11/19/2020	05/14/2020		<input type="checkbox"/>	<input type="checkbox"/>
12/24/2020			<input type="checkbox"/>	<input type="checkbox"/>
12/20/2020			<input type="checkbox"/>	<input type="checkbox"/>
12/24/2018			<input type="checkbox"/>	<input type="checkbox"/>

Once a box is checked or unchecked, the provider or authorized personnel needs to click "update" to save the updates

Authorized personnel needs to enter their name to attest to the changes.



Questions?