



# Continuity of Care Training

March 25, 2022

---

*Hosted by:*



# Presenters and Panelists

Anna Pozon Gibbs – Director of Risk Adjustment, Carolina Complete Health

Kee Kee Stringer - Supervisor of Risk Adjustment Operations, Carolina Complete Health

Chandra Green – Provider Engagement Coordinator, Carolina Complete Health Network

Jesse Hardin – Head of Stakeholder Excellence, Carolina Complete Health Network

# Agenda

- Risk Adjustment overview
- Continuity of Care (CoC) Program summary
- Portal navigation
- Eligible bonuses
- Requirements
- Resources and additional support

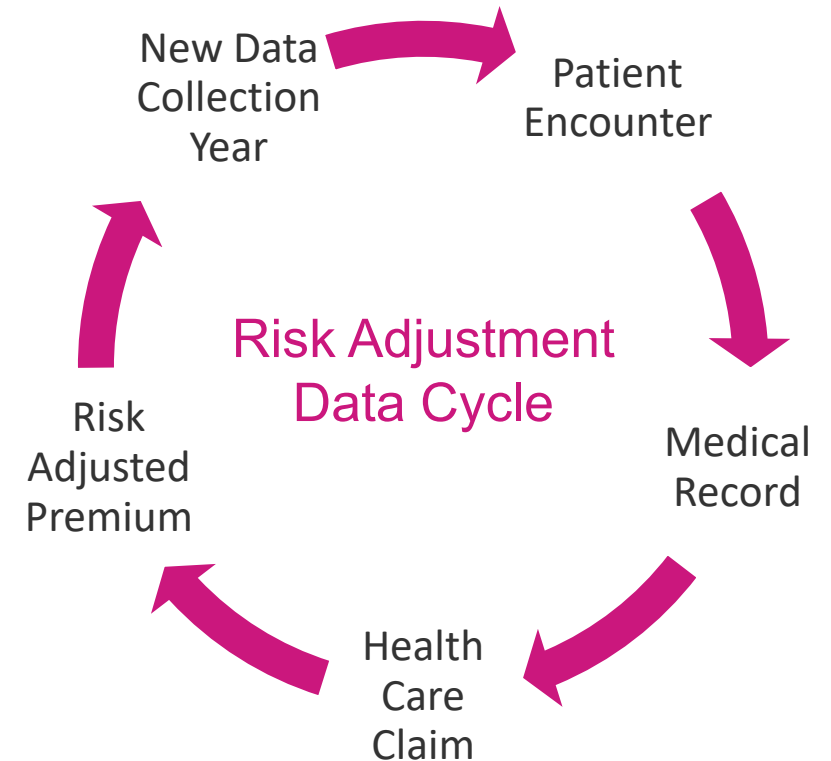
---

# Risk Adjustment

---

# Risk Adjustment in Health Care

- A mechanism used in health insurance to account for the overall health and expected medical costs of each individual enrolled in a health plan.
- Found in Medicare Advantage, Medicaid managed care, Marketplace, and commercial insurance.



# Why Risk Adjustment is Necessary



- Directs resources to sicker members whose care is more costly.
- Ensures members have access to adequate resources and quality care.
- It is important that clinicians document clinical diagnoses accurately to ensure that members receive the appropriate care management for ALL their conditions.
- Accurately identifying illness is key to a comprehensive approach to medical care.
- Our mission is to encourage early identification of illness, coordinate proper care and improve health outcomes.

# Benefits to Members and Providers



Encourages physicians to accurately document their patients' conditions.

- *We offer education and feedback for documentation and coding improvement*



Helps to identify gaps in clinical documentation.

- *We partner with our provider entities to collaborate on risk adjustment related initiatives.*



Creates opportunity for those high-risk individuals to be identified for care management or disease intervention programs.

- *We offer a variety value-added services (VAS) for eligible members to improve their well-being.*

---

# Continuity of Care Program

---



# 2022 Continuity of Care Program (CoC) Summary



- This initiative incorporates Appointment Agendas, HEDIS measures, and pharmacy metrics into one comprehensive program
- Designed to support outreach to members for annual visits and condition management
- Increases visibility into members' existing medical conditions
- Potential to earn bonus payments for coordinating preventative medicine and addressing chronic conditions

# Program Definitions



**CoC Provider** - A provider, group, or Independent Practice Association (IPA) who has a contract with the health plan and receives this program information guide.



**Appointment Agenda** - A guide to help providers review gaps in an eligible member's care during an office visit. This 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



**Eligible Member** - A member specifically identified by the health plan as having a health condition(s) or care gap(s) for which we are seeking

# Program Definitions



**Effective Date** - Program starts February 2022 for dates of service January 1, 2022 through December 31, 2022



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



**Hierarchical Condition Category (HCC)** - sets of medical codes that are linked to specific clinical diagnoses

# Program Information

CoC providers can potentially earn bonus payments in calendar year 2022 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 claim administration process.



## Instructions

The measurement period is Jan 1, 2022-Dec 31, 2022

- 1 **SCHEDULE AND CONDUCT AN EXAM** with eligible member(s) using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.
- 2 **LOG ON 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 **1-813-464-8879** 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, the health plan will verify diagnoses where submitted and documented appropriately.

# Bonus Payments

- Providers are eligible for a bonus for each completed Appointment Agenda with verified / documented diagnoses on a claim.

Percent* of appointment agendas completed	Bonus amount paid per appointment agenda
<50%	\$100
≥50% to <80%	\$200
≥80%	\$300

\*percent of total agendas fully completed

# Requirements

- ✓ Schedule and conduct a comprehensive exam with the patient using the Appointment Agenda
- ✓ ***Ambetter of NC Inc. only:*** Submit a CPE Medical Record in lieu of an agenda with appropriate documentation of the comprehensive exam, including:
  - Patient name, date of birth, and date of service (DOS) on each page
  - History
  - Physical examination
  - All active and coexisting conditions
  - Treatment
  - Provider name, signature, credentials, and date of signature
  - **For the full list of criteria, please see the 2022 Comprehensive Exam Requirements in the program guide**

# Submitting Documentation: Method 1

1. Log onto the CoC dashboard through the secure provider portal\*  
\*portal steps will be displayed later in this slide deck
2. 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.
3. Members included in the program are those with disease conditions that need to be addressed annually
4. Members are selected at the beginning of the program and are subject to change in future programs
5. Members are listed under their assigned provider's CoC dashboard but can be moved to the attributed provider.

## Submitting Documentation: Method 1 Continued

6. For member movement, speak with your Provider Engagement Coordinator.
7. Assessed member is defined as 100% of the gaps are addressed.
8. Gap(s) are addressed by submitting the correct diagnosis code(s) on the medical claim OR by checking the exclusion box in the dashboard.
9. Health Plan will monitor provider exclusion boxes that are checked on a consistent basis.
10. You must also submit a state-acceptable paid claim demonstrating that an assessment in a provider's office was performed.



## Submitting Documentation: Method 2

1. Print the Appointment Agenda from the CoC dashboard on the Secure Provider Portal.
2. Sign, date, and submit the completed Appointment Agenda via fax or secure email:

**Carolina Complete Health and/or Ambetter of NC Inc.**

Fax: 1-813-464-8879

Secure email: [agenda@centene.com](mailto:agenda@centene.com)

3. Submit a claim/encounter containing all relevant diagnosis codes
4. Upon receipt of the signed and completed Appointment Agenda, diagnoses submitted will be verified for appropriateness of documentation.

---

SECURE PROVIDER PORTAL

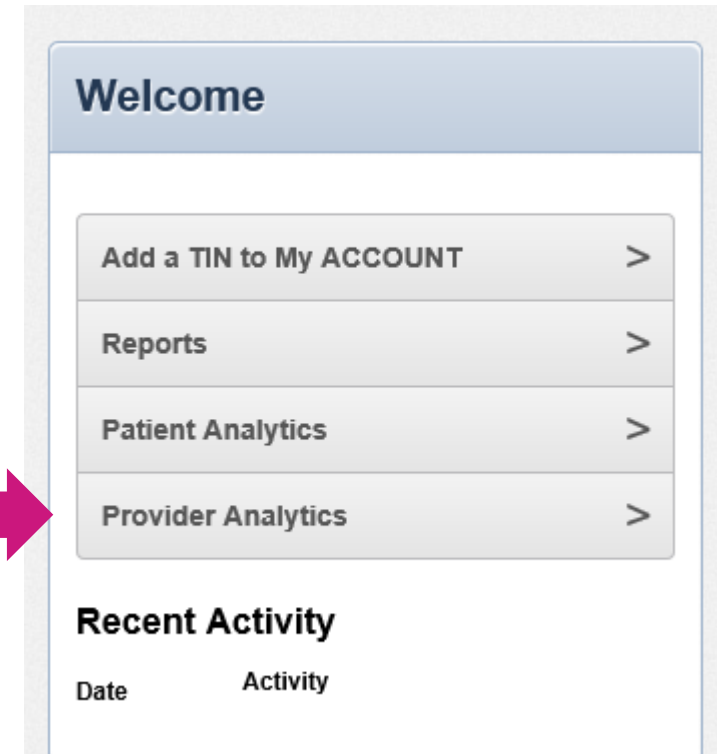
# Navigating to CoC Dashboard

---

# Portal Navigation

After logging into the Provider Portal, you will see the “Welcome Box” on the righthand side

1. Click on Provider Analytics
2. Agree to HIPAA Terms in the pop-up window



Upon login into the portal and selecting Provider Analytics you will land on this page:

Provider Analytics

Group Name xxxxxx  
TIN xxxxxx

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

COVID-19 Detail	02-14-2022
Daily IP & Discharge	02-17-2022 ...
Weekly Med Claims	02-13-2022 ...
Weekly Rx Claims	02-13-2022 ...

P4P and Quality Reporting

Dashboards

- Summary
- Cost Utilization/Services
- CoC - Appointment Agenda - 2022

Reference Materials

[Data Dictionary](#)

Click here

# List of all Agendas in TIN: Info Button

**CoC - Appointment Agenda - 2022**

Coded Thru Claims as of: 1/7/2022   **LOB: ALL**   TIN: [redacted]   **NPI: ALL**

Member:    Member List   Excel   TIN

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	Assess
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	

**Select a Member to see detail**

**Info button: drop-down options with links to information on provider portal.**  
Particularly applicable to CoC are:  
1- List of ALL diagnoses that are risk adjustable.  
2- CoC Appointment Agenda Program Rules

## List of all Agendas by TIN: Filter Button

**Show Me:**

**Company**  
(All)

**Line of Business**  
(All)  
MARKETPLACE  
MEDICAID

**Create Date**  
(All)

**CoC - Appointment Agenda - 2022**

ICARE TIN: [Redacted] NPI: ALL

Member List Appointment Agendas

Excel TIN NPI Member

Member Last Name	Member First Name	Date of Birth	Med Rec Ind	Med Rec Rcvd	Med Rec Appr	NPI	Assessed	Unassessed	Assessed %
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	24	0.0%
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	23	0.0%
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	23	0.0%
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	22	0.0%
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	20	0.0%
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	20	0.0%
[Redacted]	[Redacted]	[Redacted]	Y	N	N	[Redacted]	0	20	0.0%

Select a Member to see detail

The filter button is a drop-down that allows to filter by company, line of business and NPI.

# To download all agendas by TIN:

CoC - Appointment Agenda - 2022

Coded Thru  
Claims as of: 1/7/2022

LOB: MEDICARE

TIN: [REDACTED]

NPI: ALL

Member:

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 %
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%

To open a member's agenda:  
Enter member ID or member name  
or...  
Select and Click on a member ID

Select a Member to see detail

Click on Excel to  
download Workbook  
with a list of all  
members with  
agendas and agendas'  
detail.

Click on TIN to  
download Agenda's  
PDFs for all members.



To search by NPI:

☰

🏠

👤

CoC - Appointment Agenda - 2022

🔔

ⓘ

🌈

Show Me:

Company

(All)

Line of Business

(All)

NPI

Create Date

(All)

Active Agenda

Y

ICARE

TIN:

NPI:

Member List

Excel

Appointment Agendas

TIN

NPI

Member

Member Last Name	Member First Name	Date of Birth	Med Rec Ind	Med Rec Rcvd	Med Rec Appr	NPI	Assessed	Unassessed	Assessed %
			Y	N	N	399	0	12	0.0%
			Y	N	N	399	0	11	0.0%
			Y	N	N	399	0	10	0.0%
			Y	N	N	399	0	10	0.0%
			Y	N	N	399	0	10	0.0%
			Y	N	N	399	0	8	0.0%

Select a Member to see detail

Select NPI from drop-down. Only the agendas for the selected NPI will appear.



# To download all agendas by NPI:

CoC - Appointment Agenda - 2022

Coded Thru  
Claims as of: 1/7/2022

LOB: MEDICARE

TIN: [redacted]

NPI: [redacted]

Member:

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 %
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	12	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	11	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	10	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	10	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	10	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	10	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	8	0.0%

Select a Member to see detail

To open a member's agenda:  
Enter member ID or name  
or...  
Select and click on a member ID

Click on Excel to  
download Workbook  
with a list of all  
members with  
Agendas and  
Agendas' detail at this  
NPI

Click on NPI to  
download Agenda's  
PDFs for all  
members with  
selected NPI

carolina complete health.

carolina complete health network.

ambetter of North Carolina Inc.

Confidential and Proprietary Information

25

# Example Excel Workbook

Providers access gap reports to assess the members for suspected conditions

IMPACT Member Detail Export - ALL.xlsx [Read-Only] - Excel

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	NPI	NPI Name	Member ID			Line of Business	Last Name	First Name	Middle Initial	Date of Birth	Primary Phone	Address Line 1	Address Line 2	City	County	Zip Code	Disease Condition
2				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Cardiovascular, medium
3				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Central Nervous System, low
4				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Gastro, low
5				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Metabolic, medium
6				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Pulmonary, low
7				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Renal, very high
8				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Cardiovascular, medium
9				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Central Nervous System, low
10				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Diabetes, type 1 high
11				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Gastro, low
12				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Hematological, very high
13				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Infectious, medium
14				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Psychiatric, medium low
15				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Renal, very high
16				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Skeletal, low
17				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Skin, very low
18				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Metabolic, medium
19				BOB SMITH	SMITH, BOB	MEDICAID	SMITH	BOB		1/1/2019	(314) 555-5555	101 My Street		Any Town		30000	Malignancies
20																	
21																	

# Opening a Member's Agenda:

Providers can search for a specific patient by typing in either the name or ID of the patient.

CoC - Appointment Agenda - 2022

Coded Thru Claims as of: 1/7/2022

LOB: MEDICARE

TIN: 930429015 - PORTLAND ADVENTIST MEDICAL CENTER

NPI: ALL

Member:

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 %
2022-01	Y					Y	N	N		0	4	0.0%
2022-01	Y					Y	N	N		0	4	0.0%
2022-01	Y					Y	N	N		0	4	0.0%
2022-01	Y					Y	N	N		0	4	0.0%
2022-01	Y					Y	N	N		0	4	0.0%
2022-01	Y					Y	N	N		0	4	0.0%
2022-01	Y					Y	N	N		0	4	0.0%

NPI:

Member:

DOB:

Update

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved / Not Present
<a href="#">Chronic Kidney Disease, Stage 5</a>	I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Unassessed				<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Chronic Obstructive Pulmonary Disease</a>	J82.81 Chronic eosinophilic pneumonia	Unassessed				<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Diabetes with Chronic Complications</a>	E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy	Unassessed	10/13/2021			<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Morbid Obesity</a>	E66.01 Morbid (severe) obesity due to excess calories	Unassessed				<input type="checkbox"/>	<input type="checkbox"/>

Click on Member if wish to download the selected member PDF agenda.

# Working through the Agenda: List of applicable diagnoses for HCC suspects:

CoC - Appointment Agenda - 2022

Coded Thru Claims as of: 1/7/2022

LOB: MEDICARE

TIN: [redacted]

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 %
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%
2022-01	Y	[redacted]	[redacted]	[redacted]	[redacted]	Y	N	N	[redacted]	0	4	0.0%

NPI: [redacted]

Chronic Obstructive

Member: [redacted]

Diagnosis

Read Only

Assessable

Disease Condition	Diagnosis	Active Diagnosis Documented	Resolved Not Present
Chronic Obstructive Pulmonary Disease	J41.0 SIMPLE CHRONIC BRONCHITIS	<input type="checkbox"/>	<input type="checkbox"/>
	J41.1 MUCOPURULENT CHRONIC BRONCHI	<input type="checkbox"/>	<input type="checkbox"/>
	J41.8 MIX SMPL MUCOPURULNT CHRON B	<input type="checkbox"/>	<input type="checkbox"/>
	J42 UNSPECIFIED CHRONIC BRONCHIT	<input type="checkbox"/>	<input type="checkbox"/>
	J43.0 UNI PULM EMPHYSEMA MACLEODS	<input type="checkbox"/>	<input type="checkbox"/>
	J43.1 PANLOBULAR EMPHYSEMA	<input type="checkbox"/>	<input type="checkbox"/>
	J43.2 CENTRIOBULAR EMPHYSEMA	<input type="checkbox"/>	<input type="checkbox"/>
	J43.8 OTHER EMPHYSEMA	<input type="checkbox"/>	<input type="checkbox"/>
	J43.9 EMPHYSEMA UNSPECIFIED	<input type="checkbox"/>	<input type="checkbox"/>
	J44.0 CHR OBST PULM DIS WITH (ACUTE) LOWER RESP INFECT	<input type="checkbox"/>	<input type="checkbox"/>
	J44.1 CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	<input type="checkbox"/>	<input type="checkbox"/>
	J44.9 CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	<input type="checkbox"/>	<input type="checkbox"/>

Click on condition of interest to view a list of all applicable Dx.

# Working Through the Agenda: closing HCC gaps

CoC - Appointment Agenda - 2022

Coded Thru Claims as of: 1/7/2022

LOB: MEDICARE

TIN: [REDACTED]

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 %
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	4	0.0%

NPI: [REDACTED]

Member: [REDACTED] [REDACTED]

DOB: [REDACTED]

Update

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved / Not Present
Chronic Kidney Disease, Stage 5	I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	Unassessed			●	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disease	J82.81 Chronic eosinophilic pneumonia	Unassessed			●	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes with Chronic Complications	E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy	Unassessed	[REDACTED]		●	<input type="checkbox"/>	<input type="checkbox"/>
Morbid Obesity	E66.01 Morbid (severe) obesity due to excess calories	Unassessed			●	<input type="checkbox"/>	<input type="checkbox"/>

Provider checks boxes as conditions are evaluated. Once a box is checked or unchecked, the provider or authorized personnel needs to click "update" to save the updates.



# Working the Agenda: closing HCC Gaps – Color Codes

☰

🔍

👤

CoC - Appointment Agenda - 2022

🔔

ℹ️

🌈

Coded Thru  
Claims as of: 1/7/2022

LOB: MEDICARE

TIN: [REDACTED]

NPI: ALL

Member:

Member List  
Excel

Appointment Agendas  
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 %
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%

Member: [REDACTED] [REDACTED]

DOB: [REDACTED]

Update

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro_low	R16.0 HEPATOMEGALY NEC	Assessed	[REDACTED]	[REDACTED]	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological_very_high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic_high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric_medium_low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>

Status Colors:

As provider checks active Dx boxes Status turns LIGHT GREEN.

Status will change to DARK GREEN as Dx are reconciled from claims, or as submitted documentation is reviewed, or when a condition is checked as Resolved Not Present.

Open gaps are YELLOW

# Working the Agenda: UPDATE TO SAVE CHANGES !!!!!

CoC - Appointment Agenda - 2022

Coded Thru Claims as of: 1/7/2022    LOB: MEDICARE    TIN: [REDACTED]    NPI: ALL

Member: [Search]    Member List: [Excel]    Appointment Agendas: [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 %
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%

Member: [REDACTED]    DOB: [REDACTED]    **Update**

**Assessable**

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro, low	R16.0 HEPATOMEGALY NEC	Assessed	[REDACTED]	[REDACTED]	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological, very high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic, high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric, medium low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	[REDACTED]	[REDACTED]	●	<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 changes

# Working the Agenda: UPDATE AND SAVE CHANGES

CoC - Appointment Agenda - 2022

Coded Thru  
Claims as of: 1/7/2022

LOB: MEDICARE

TIN: [REDACTED]

NPI: ALL

Member: [REDACTED]

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 %
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%
2022-01	Y	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Y	N	N	[REDACTED]	0	5	0.0%

Member: [REDACTED]

[REDACTED]

I attest that I am certified to make updates.

Marcia Brady

Submit

Update

Enter Name

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro, low	R16.0 HEPATOMEGALY NEC	Assessed	[REDACTED]	[REDACTED]	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological, very high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic, high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric, medium low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	[REDACTED]	[REDACTED]	●	<input type="checkbox"/>	<input type="checkbox"/>

The member's record will reflect the updated data.

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

**WARNING:**  
A **saved** member agenda is not considered "COMPLETE" for bonus award until all HCC gaps are closed = dark green



# Warning

- Submission/Saving of an updated agenda does not make the agenda payable for bonus UNLESS all HCC gaps are closed as indicated by a dark green button.
- Logging in three times per program year, per TIN, will credit a 100% completed agenda without having to submit manually.
- In case it is necessary, please schedule your member for an additional visit to complete the agenda (address all current conditions) so that it becomes payable.

---

# Example Agenda

---

Agenda ID: &lt;xxxx&gt;

<member\_last\_name, member\_first\_name {member ID}> Member Phone: <xxx-xxx-xxxx>  
 Member DOB: <xx/xx/xxxx>  
 TIN Name: <xxxx> <IPAA ID: xxxxx>  
 Provider Name and ID: <xxxx> <IPAA Name: xxxxx>  
 <Provider Address: xxxxx>

**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 <xx/xx/xxxx>. 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	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>

**Persistence = DX Code(s) have appeared in prior claims**
**Predictive = Possible condition(s) based on prior claims**
**Care Guidance**

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your Care Gap Report.

Measure	Service Window Start Date	Service Window End Date	Compliant Indicator
<Measure>	< / / >	< / / >	<>
<Measure>	< / / >	< / / >	<>

For questions on the Appointment Agenda form, please contact your Provider Representative.

PLEASE COMPLETE FORM, SIGN AND SEND TO US VIA FAX (<1-813-464-8879>) OR SECURE EMAIL (<[agenda@centene.com](mailto:agenda@centene.com)>).

All current Diagnoses and Care Gaps for 2022 dates of service must be documented in the patient's chart and submitted on claims.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Printed Name: \_\_\_\_\_ Provider Credentials : MD, DO, PA, NP (circle one)

&lt;Office Name&gt;

&lt;TIN-Plan code&gt;

APPOINTMENT AGENDA

Agenda ID: &lt;xxxx&gt;

<member\_last\_name, member\_first\_name {member ID}> Member Phone: <xxx-xxx-xxxx>  
 Member DOB: <xx/xx/xxxx>  
 TIN Name: <xxxx> <IPAA ID: xxxxx>  
 Provider Name and ID: <xxxx> <IPAA Name: xxxxx>  
 <Provider Address: xxxxx>

**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 <xx/xx/xxxx>. 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	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>

**Persistence = DX Code(s) have appeared in prior claims**
**Predictive = Possible condition(s) based on prior claims**
**Care Guidance**

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your Care Gap Report.

Measure	Service Window Start Date	Service Window End Date	Compliant Indicator
<Measure>	< / / >	< / / >	<>
<Measure>	< / / >	< / / >	<>

For questions on the Appointment Agenda form, please contact your Provider Representative.

PLEASE COMPLETE FORM, SIGN AND SEND TO US VIA FAX (<1-813-464-8879>) OR SECURE EMAIL (<[agenda@centene.com](mailto:agenda@centene.com)>).

All current Diagnoses and Care Gaps for 2022 dates of service must be documented in the patient's chart and submitted on claims.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Printed Name: \_\_\_\_\_ Provider Credentials : MD, DO, PA, NP (circle one)

&lt;Office Name&gt;

&lt;TIN-Plan code&gt;

APPOINTMENT AGENDA

---

# Support and Resources

---

# Advanced Medical Home Provider Engagement Support

Each **Advanced Medical Home and Hospital/Health System** has a Carolina Complete Health Network Provider Engagement Coordinator assigned to provide boots on the group support with:

- Provider education and orientation
- HEDIS/care gap reviews
- Financial analysis on P4P or risk arrangement in VBC
- Innovation and Transformation
- AMH oversight in partnership with CCH
- Monitor performance patterns
- ...and more!

Your PE Teams: <https://network.carolinacompletehealth.com/about-us/provider-engagement-team.html>

# PE Team for Independent AMHs and LHDs



**Debbie Naylor**  
Manager,  
Provider Engagement  
[dnaylor@cch-network.com](mailto:dnaylor@cch-network.com)



**Esha Patel**  
Provider Engagement  
Coordinator- Region 3  
[epatel@cch-network.com](mailto:epatel@cch-network.com)



**Will Bradley**  
Provider Engagement  
Coordinator- Region 3  
[wbradley@cch-network.com](mailto:wbradley@cch-network.com)



**Tiffany Richberg-Holloway**  
Provider Engagement  
Coordinator- Region 4  
[tholloway@cch-network.com](mailto:tholloway@cch-network.com)



**Nora Guerra**  
Provider Engagement  
Coordinator- Region 4  
[nguerra@cch-network.com](mailto:nguerra@cch-network.com)



**Amanda Fisher**  
Provider Engagement  
Coordinator- Region 5  
[afisher@cch-network.com](mailto:afisher@cch-network.com)



**Jack Leonard**  
Provider Engagement  
Coordinator- Region 5  
[jleonard@cch-network.com](mailto:jleonard@cch-network.com)

# Corporate Connections Team for Health Systems



**Audrey Wallace**  
Manager, Corporate  
Connections  
[awallace@cch-network.com](mailto:awallace@cch-network.com)



**Christian Gragg**  
Senior Provider Engagement  
Coordinator  
[cgragg@cch-network.com](mailto:cgragg@cch-network.com)



**Jennifer Sherrill**  
Provider Engagement  
Coordinator  
[jsherrill@cch-network.com](mailto:jsherrill@cch-network.com)



**Beth Story**  
Provider Engagement  
Coordinator  
[bstory@cch-network.com](mailto:bstory@cch-network.com)



**Chandra Green**  
Provider Engagement  
Coordinator  
[cgreen@cch-network.com](mailto:cgreen@cch-network.com)



**Laura Gries**  
Provider Engagement  
Coordinator  
[lgries@cch-network.com](mailto:lgries@cch-network.com)

# Additional Resources

- [Carolina Complete Health CoC 2022 Program Guide \(PDF\)](#)
- Ambetter of NC Inc. Program Guide
- [Risk Adjustment web page](#)



# Key Contact Information

Carolina Complete Health Network:  
[NetworkRelations@cch-network.com](mailto:NetworkRelations@cch-network.com)

[Carolina Complete Health Network  
Provider Engagement Team](#)

Online:  
[www.network.carolinacompletehealth.com](http://www.network.carolinacompletehealth.com)  
<https://www.ambetterofnorthcarolina.com/>



---

# Questions?

# Thank you for attending!

© 2022 Carolina Complete Health. All rights reserved  
© 2022 Ambetter of North Carolina Inc. All rights reserved.

---