Continuity of Care (CoC)

Provider Education

Continuity of Care (CoC) Program

Presentation Agenda

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- Who is included in the CoC Program

- Targeted Lines of Business

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What is the Continuity of Care (CoC Program)

CoC is a Risk Adjustment bonus program for you, our Provider Partner, aimed at increasing visibility into members' existing, as well as suspected conditions, which leads to enhanced quality of care for chronic condition management and prevention.

What is in it for members?

Members with existing or newly suspected chronic conditions will receive regular and proactive assessments to prevent chronic conditions from going undiagnosed or untreated.

What is in it for providers?

Providers earn bonus payments for proactively coordinating preventive medicine and thoroughly assessing all their patient's current conditions in an effort to improve health and provide appropriate clinical quality of care.

Continuity of Care-Provider Engagement

- Providers receive incremental bonuses for their incremental work
- 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 in an effort to improve health and provide appropriate clinical quality of care.

CoC continued

- Targeted Lines of Business (LOB): WellCare by Allwell, Ambettter (Marketplace), HHW, HIP and HCC (Medicaid)
- Eligible members are loaded into the Continuity of Care (CoC) Dashboard on the Secure Provider Portal
- 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

CoC Program Overview

CoC Program Overview

- Continuity of Care (CoC): 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 (Wellcare by Allwell only).

- 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.

- Providers earn bonus payments for proactively coordinating preventive medicine and thoroughly assessing all their patient's current conditions in an effort to improve health and provide appropriate clinical quality of care.

- The intent of the CoC Program is to promote proactive management of chronic conditions and preventative services.
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- 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 for providers to use to assist in assessing their members to ensure all member conditions are assessed at least once per year.

Provider Bonus

% of Appointment Agendas Completed/Paid	Bonus per Paid Appointment Agenda
≤ 50 %	$100
>50 to ≤80 %	$200
>80 %	$300

- 100% of the Risk Adjustment gaps are assessed in the CoC Dashboard
  - ° Check Active Diagnosis and Documented box or Resolved / Not Present box then authenticate and submit the agenda in the Dashboard **or**
  - ° **Fax or email** the printed and completed paper Appointment Agent
  - ° Submit all appropriate diagnoses on a claim
- Providers will be paid quarterly

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Provider Partnership

- Schedule an appointment and conduct a visit with the patient prior to December 31, 2022. Telehealth services that are furnished using interactive, audio/video, real-time communication technology are acceptable for the Continuity of Care (CoC)program

- Use the appointment agenda as a guide, assessing the validity of each condition

- Document the care in the medical record following coding and documentation guidelines

- Update diagnoses and close gaps in the CoC Portal

- Submit electronically through the CoC Portal or

- Submit signed paper appointment agenda and/or medical records to fax 1-813-464-8879 or by secure email at agenda@wellcare.com

- Submit the claim/encounter containing all relevant diagnosis codes and CPT codes

Telehealth Guidance

- Telehealth services that are furnished using interactive, audio/video, real-time communication technology are acceptable for the Continuity of Care (CoC) program
- A non-public facing product that allows only the intended parties to participate is required
- Annual Wellness Visits can still be performed
- The E/M level selection furnished via telehealth can be based on Medical Decision Making (MDM) or time, with time defined as all of the time associated with the E/M on the day of the encounter
- Medicare does not offer clear guidance and relies on health care providers to serve their patients in good faith when utilizing technology through audio and video communication to deliver care

2022 CoC Appointment Agenda

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Components of the agenda

- Health Condition History / Continuity of Care Providers should check one box for each Disease Category listed on the agenda
- 'Active Diagnosis & Documented' – Patient is currently presenting with this condition. Providers must submit a claim with a diagnosis code that maps to the Disease Category listed on the agenda
- 'Resolved/Not Present' – Patient is not presenting with this condition. Provider must submit a claim with a 2022 face to face visit and should submit appropriate codes for conditions the Patient is currently presenting. The Health Condition History / Continuity of Care component is all or nothing, ALL Disease Categories must have a box checked, verified with a qualified visit and paid claim to be eligible for the Bonus
- Care Guidance Address and document the Care Gaps. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation
- For additional information, please reference your care gap report. Providers should submit the Agenda once the Health Condition History / Continuity of Care component is completed in its entirety. They do NOT need to complete the Care Guidance components prior to submitting. The signature component can be completed by a credentialed provider or the facilitator of the program.

Dashboard Navigation

Provider Guide for CoC

- Log into the Provider Portal

- Click on CoC - Appointment Agenda

- Filter by LOB and/or NPI

- Search by Member Name, or

- Click on a Member ID

- Begin Assessment

CoC Portal Navigation

Click the *Menu* icon to view all available provider portals

Click the *Filter* icon to filter by
- Company
- Line of Business
- NPI

Click the *Info* button to view a drop-down menu containing links to the *Navigation Tool, Case Study, FAQ, Diagnosis List, and CoC Appointment Agenda Program Rules documents*

CoC Portal Navigation

Click the "TIN icon" to view all printable appointment agendas under this specific TIN

Click the "NPI icon" to view all printable appointment agendas under a specific provider

Click the "Member icon" to view a printable appointment agenda for an individual member

CoC Portal Navigation
Printable Appointment Agenda

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mhs

2/12/2021 9:27:03 AM

Member Phone :

Member DOB :
TIN Name :
Provider Name and ID :

2021 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 2/8/2021. 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
Cardiovascular, medium	Persistency Gap	ICD-10	I11.0 HTN HEART DISEASE W/HEART FAIL	☐	☐
Diabetes, type 2 low	Persistency Gap	ICD-10	E13.622 OTHER SPEC DM W/OTHER SKIN ULCER	☐	☐
Infectious, high	Predictive Gap	ICD-10	A48.0 GAS GANGRENE	☐	☐
Metabolic, very low	Persistency Gap	ICD-10	E87.6 HYPOKALEMIA	☐	☐
Cardiac	Assessed	NDC	68180051801 LISINOP/HCTZ TAB 10-12.5	☐	☐
Diabetes	Assessed	NDC	00002821501 HUMULIN R INJ U-100	☐	☐
Skeletal, medium	Predictive Gap	ICD-10	M86.172 OTH ACUTE OSTEOMYEL LT ANKLE FOOT	☐	☐
Skin, low	Persistency Gap	ICD-10	L97.524 N-PRS ULCR OTH PRT LT FT NEC BONE	☐	☐

Persistency = 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.

Type:
Predictive Gap
and
Persistency Gap

CoC Portal Navigation

Users can export their list to Excel
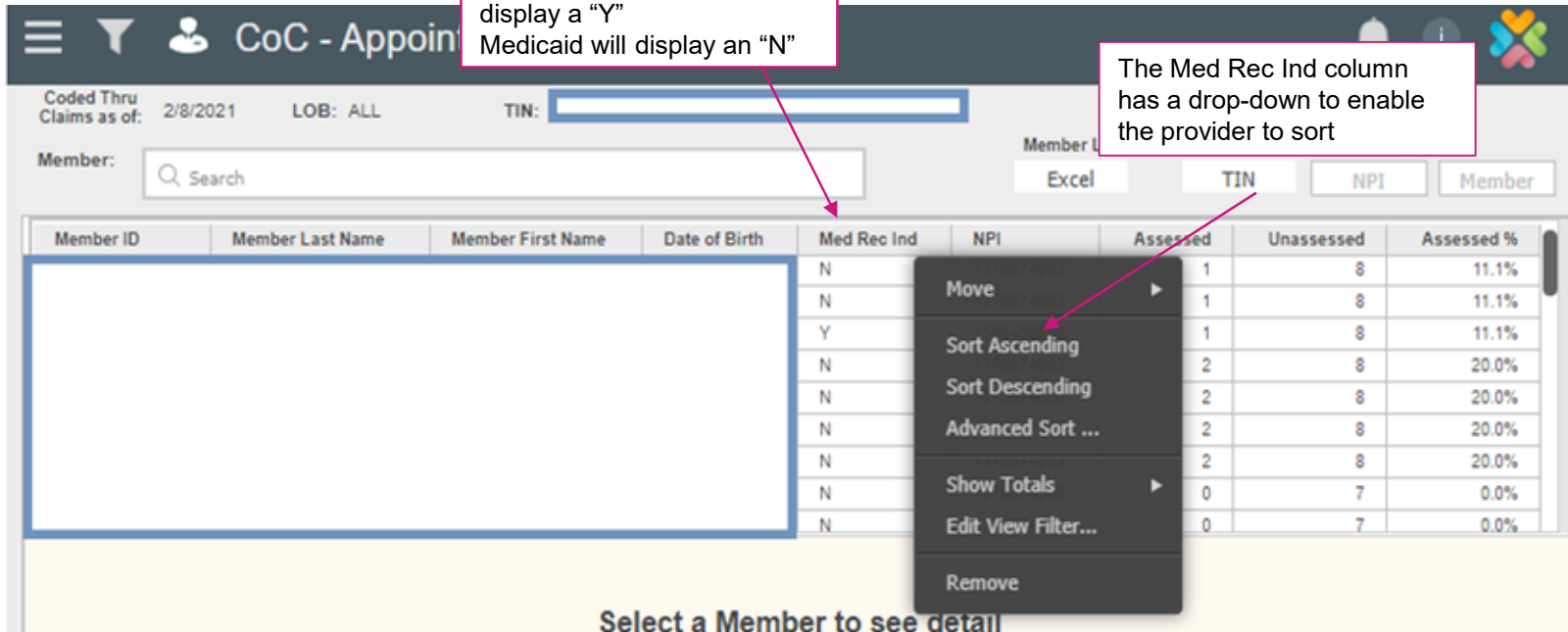
Providers can search for a specific patient by typing in either their name or member ID

CoC Portal Navigation

New in 2021
Medical Record Indicator:
Indicates if we will accept a
CPE in-lieu of the Agenda
Medicare/Marketplace will
display a "Y"
Medicaid will display an "N"

The Med Rec Ind column
has a drop-down to enable
the provider to sort

CoC Portal Navigation

CoC Portal Navigation

Once a box is checked or unchecked the provider or provider representative will need to click *Update* to save the changes

Note: If users export to Excel they still need to go back into the portal dashboard to check boxes, update, sign and submit

CoC Portal Navigation

Authorized personnel needs to enter their name to attest to the changes then hit submit to send the appointment agenda updates to MHS

CoC Portal Navigation

The members record will now reflect the updated data

CoC Portal Navigation

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

Questions?

Thank you for being our partner in care!