Program Comparison

	Quality Care Gap	Continuity of Care Program	Risk Adjustment In-Home Assessments
Reporting Period	Calendar Year – Prospective (YTD) – Care Gap Reports	Calendar Year - Prospective	Calendar Year - Prospective
Measurement Period	Calendar Year and lookback period required by measure Denominator will depend on measure eligibility throughout the measurement year	Current Calendar Year – (Jan 1 – Dec 31)	Current Calendar Year (Jan 1 – Dec 31)
Reports	**HEDIS Gap Reports** available in the CCH Secure Provider Portal	**Appointment Agendas** that includes Chronic Disease Conditions based on three years claims lookback (can include Rx, Care Gaps and Dx data)	Completed In-Home Assessments to Providers and Case Management.
Eligible Providers	All Primary Care Practices; Assigned PCP by **TIN**	Assigned PCP by **NPI**; Specialist (**NPI**) who have assigned members with chronic conditions or suspect chronic conditions	PCP follow-up for completed In-Home Assessments
Eligible Members	CCH enrolled members (**as primary or secondary insurance**) eligible for measure per NCQA HEDIS Technical specification	CCH enrolled members (**as primary insurance only**) are included in the program with disease conditions that need to be addressed annually and currently enrolled with the plan	Members included are those with disease conditions/open diagnoses gaps, that need to be addressed annually and currently enrolled with the plan
How to close gap?	• Submitting appropriate ICD10/HCPCS/CPT II code in claims that are in accordance with NCQA guidelines (refer HEDIS Coding Tip Sheet) • Sending in appropriate medical record documentation demonstrating service and dates of service • Submitting Supplemental data for certain clinical measures • **View Closing Care Gap guides:** https://network.carolinacompletehealth.com/HEDIS	Gap(s) are addressed by assessing and documenting disease conditions during the performance year, submit all existing diagnoses on a claim, validate diagnosis OR check the exclusion box on the agenda Marketplace: Medical record can be submitted for Marketplace members to close RA gaps	• Signify providers will address and document all disease conditions/diagnoses gaps during the performance year and submit a claim • Case Management referrals are done by Signify and any emergent member needs addressed with the PCP • Copies of the completed assessment are provided by CCH Risk Adjustment Team
Requirements	Schedule and conduct a comprehensive preventive exam annually; Address any open care gap during visit; Document and code appropriately; Submit claims timely;	Schedule and conduct a comprehensive exam with the patient using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda, submit a claim with all current diagnoses; Can be multiple visits and multiple claims.	• Approval by Group to outreach to members • All scheduling and outreach to members are done by Signify in collaboration with Corporate IHA Team, CCH Risk Adjustment, CCHN and the Group. • PCP follow-up is encouraged
Claims	**Paid and Unpaid Claims** contribute to gap closure (except PCR) ; claims run out through March 15 of subsequent year;	**Only paid claims** contribute to diagnoses gap closure; claims run out through March 31 of subsequent year;	**Only paid claims** contribute to gap closure

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