



Continuity of Care and CoC+ Programs

February 2025



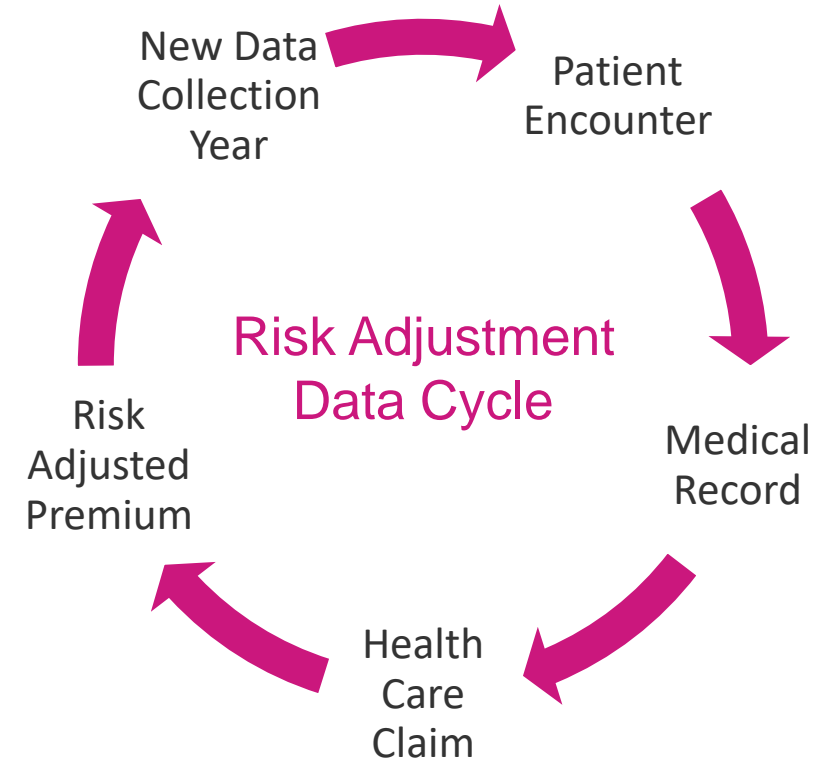
Agenda

- Risk Adjustment Overview
- Key Definitions
- 2025 Continuity of Care and CoC+ Programs
- Program One: Risk Adjustment CoC Program
- Program Two: CoC+ Program
- Eligible Bonuses
- Portal Navigation
- Frequently Asked Questions 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.

2025 Continuity of Care and CoC+ Programs



- 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

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.*

Key Definitions

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 2025 for dates of service January 1, 2025, through December 31, 2025
-  **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
-  **CoC +** - New to 2025, its an additional \$100 payout for completing additional members insights on the Appointment Agenda

2025 Continuity of Care and CoC+ Programs

2025 CoC and CoC+ Programs Information and How it Works

CoC providers can potentially earn **bonus** payments in calendar year 2025 by using the **Appointment Agenda** to update eligible members' health history, HEDIS[®] measures, pharmacy data, high risk factors, clinical insights, and social determinants of health to help close care gaps and ensure eligible members adhere to prescribe medications!

Bonus payments are triggered through **submitted** completed agendas and documented diagnoses on qualified claims!

Program Information: Provider Responsibility

- ✓ Schedule and conduct an exam with the eligible members using the Appointment Agenda as a guide, assessing the validity of each condition listed
- ✓ Review all member gaps and insights pertaining to CoC and CoC+
- ✓ Submit the completed Appointment Agenda electronically or via Fax/mail
- ✓ Submit qualified claim/and or encounters, ensuring the corresponding verified and documented diagnoses supported in medical record

Must Select One of Four Provider Responses to receive credit:

Assessed & Documented

Assessed & Not Present

Not Assessed, Addressed Previously

Not Assessed, Member Referral

Program One: Risk Adjustment CoC Program

Program 1: Risk Adjustment CoC Program

- Focuses of Addressing **Risk Gaps**
 - ❖ **Risk Gaps are the predictive and/or persistent member disease conditions that need to be addressed and documented.**
- Addressing risk gaps can ensure that members' conditions are recognized and managed proactively, helping to prevent complications and reduce the likelihood of hospitalizations
- You must complete all labeled CoC risk gaps per agenda to receive credit for this part of the program
- Members must have an office visit from Jan 1, 2025, to December 31, 2025

Program Two: CoC+ Program

Program 2: CoC Plus (CoC+)

Providers are eligible for an additional \$100 per Appointment Agenda for completing the Gap Insights (Gap Type) portions of the Appointment Agenda:

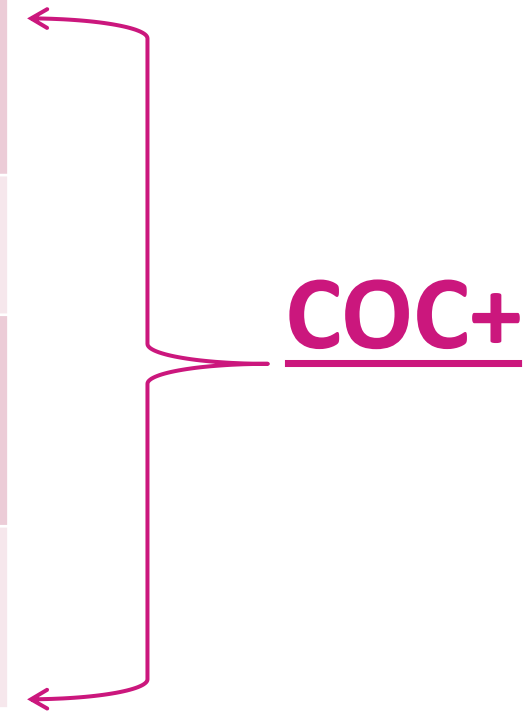
- High Risk
- Quality
- Clinical and/or
- Drivers of Health (aka social determinants of health) **This is Medicaid only**

All available boxes related to the high risk, care guidance, clinical, and/or drivers of health portions **must** be checked and verified to be eligible for the additional compensation!

****Please submit by July 1, 2025. Date subject to change.***

2025 CoC and CoC+ Appointment Agenda Gap Insights

Risk Gaps (CoC)	The predictive and/or persistent member disease conditions that need to be addressed and documented
High Risk Insights	Highlights ER visits, when, where and DX from the facility.
Quality Insights	HEDIS gaps, preventative measures
Clinical Insights	Highlights members who have not had a PCP visit or received specialist services without a PCP visit
Drivers of Health (DOH)	Non-medical factors that influence health outcomes (Medicaid Only)



Example Agenda

Line of Business



<Barcode>

Agenda ID: _____
 <Member_Last_Name, Member_First_Name><Member ID>
 Member DOB: __ / __ / ____ Member Phone: _____
 TIN Name: _____ <IPAA ID: _____>
 Provider Name and ID: _____ <IPAA Name: _____>
 <Provider Address: _____>

2025 Medicaid Appointment Agenda
 A Guide to the Patient's Visit

Disclaimer: Paper submissions take longer to process. For available electronic submission methods, please use the QR code or URL below.

High Risk

Please speak with your patient about the following insights to understand and guide them on appropriate healthcare practices.

Gap/Insights Description	Diagnosis/Other Info/Supporting Information	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred
<Gap/Insights Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>

Health Condition History and Continuity of Care

These conditions are based on claims submitted by providers and the member's medical history as of <Month> <Day>, <Year>. Please update diagnoses, as these conditions may no longer exist, their severity may have changed, or other conditions may have replaced them.

Gap/Insights Description	Type	Source	Diagnosis/Other Info/Supporting Information	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred

Additional headers for Member Gap and Insights

Member Gap and Insight Providers should check one box for each Gap/Insight Category listed on the Agenda:

- Gap Assessed and Documented as Appropriate

Line of Business



<Barcode>

Agenda ID: _____
 <Member_Last_Name, Member_First_Name><Member ID>
 Member DOB: __ / __ / ____ Member Phone: _____
 TIN Name: _____ <IPAA ID: _____ >
 Provider Name and ID: _____ <IPAA Name: _____ >
 <Provider Address: _____ >

2025 Marketplace Appointment Agenda
 A Guide to the Patient's Visit

Disclaimer: Paper submissions take longer to process. For available electronic submission methods, please use the QR code or URL below.

High Risk

Please speak with your patient about the following insights to understand and guide them on appropriate healthcare practices.

Gap/Insights Description	Diagnosis/Other Info/Supporting Information	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred
<Gap/Insights Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>

Health Condition History and Continuity of Care

These conditions are based on claims submitted by providers and the member's medical history as of <Month> <Day>, <Year>. Please update diagnoses, as these conditions may no longer exist, their severity may have changed, or other conditions may have replaced them.

Gap/Insights Description	Type	Source	Diagnosis/Other Info/Supporting Information	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member

Additional headers for Member Gap and Insights

Member Gap and Insight Providers should check one box for each Gap/Insight Category listed on the Agenda:

- Gap Assessed and Documented as Appropriate

Eligible Bonuses

Bonus Payments

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

Threshold % of appointment agendas completed	Bonus paid per paper appointment agenda submission	Bonus paid per electronic appointment agenda submission
<50%	\$50	\$100
≥ 50% to ≤ 80 %	\$100	\$200
≥80%	\$150	\$300

CoC+ Incentive payouts \$100 per agenda

Please note electronic submissions qualify for double the payment **except the CoC plus payout, you can submit that through the portal, mail, or fax*

EXAMPLE - Bonus Payment

- Using the example of **100** completed & payable agendas:

Percent of agendas completed	Assume 100 total agendas	Bonus amount paid per agenda	Totals
<50%	First 49 agendas	\$100 (1st tier)	=\$4,900
≥50% to <80%	#s 50-79 = 30 total	\$200 (2 nd tier)	=\$6,000
≥80%	#s 80-100 = 21 total	\$300 (3 rd tier)	=\$6,300
			\$17,200 total!

Payment Process & Timelines

- Payments will begin after the second quarter of 2025, continuing through the second quarter of 2026.
- All claims or encounters must be submitted by **Jan. 31, 2026**, to be used in final payment calculation.
- Our health plan may request medical records if we are unable to verify information using claims or encounter data.



Speak to your Health Plan Provider Engagement Representative for more information.

Electronic Submission Method (Preferred)

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 predictive or persistent 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.

Electronic Submission Method (Preferred)

6. For member movement, speak with your Provider Engagement Administrator. Having the right members assigned is key to your success!!!
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.

Paper Submission (Alternate Method)

- Print the Appointment Agenda from the dashboard. Specify the clinical conditions and/or gaps/insights that continue to exist or no longer exist by checking the box on the Appointment Agenda. Each gap/insight must have a box checked to be eligible for additional compensation.
- Sign and date the completed Appointment Agenda.
- Submit the completed form via fax to **813-464-8879** or secure email to **agenda@centene.com**.
- Make sure the medical record documentation supports diagnoses, gap closures, screenings/
tests and update conditions that are no longer acute, including use of "history of".

SECURE PROVIDER PORTAL

Navigating to CoC Dashboard

CCH Secure Provider Portal

Go to <https://network.carolinacompletehealth.com>

Home For Members [↗](#) Join the Network Pre-Auth Tool [↗](#) Tailored Plan Portals CCH Portal [↗](#)

[Hurricane Helene Information](#)



[About Us](#) [Provider Resources](#) [Prior Authorization](#) [Provider Communications](#) [Contact Us](#)

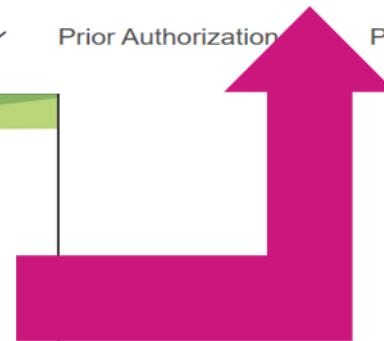
carolina complete health

Log In

Username (Email)

[LOG IN](#)

[Create New Account](#)



Ambetter NC Inc. Secure Provider Portal

Go to ambetterofnorthcarolina.com

The image shows a screenshot of the Ambetter website. At the top left is the Ambetter logo with the text "ambetter: of North Carolina Inc.". To the right of the logo are navigation links: "Our Health Plans", "Join Ambetter", "For Members", "For Providers" (which is highlighted with a dotted border), "For Brokers", and a "Shop Our Plans" button. Below these links, there are links for "Provider Login", "Drug Coverage", and "Benefit Check". A large pink arrow points from the "Provider Login" link down to a separate window showing the login form. The login form has the Ambetter logo at the top, followed by the text "Log In". Below this is a text input field labeled "Username (Email)". At the bottom of the form is a blue "LOG IN" button and a link for "Create New Account".

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
3. You will then be asked to login again

Welcome, Kimberly!
Get easy access to the features you use most.

Quick Actions
Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name *
Member Date of Birth MM/DD/YYYY
Select Action Type * **SUBMIT**

Authorization Overview

Inpatient Authorizations [View All](#)

Outpatient Authorizations [View All](#)

Useful Links

- Reports**
This repository contains reports that are uploaded and maintained by the...
- Patient Analytics - Coming Soon**
This is a PHM tool that supports providers in the delivery of tim...
- Provider Analytics**
Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.
- Provider Resources**
Supplies you with tools and resources that are easy to find and supportive to your work.
- Provider Educational Materials**
To assist you in improving the healthcare outcomes of our members and your patients, we offer a variety of trainings to take.
- Healthy Opportunities**
... because the opportunity for health begins where we live, learn, work and play.
- CDC's 618 Initiative**
- Provider Training On**
- MCT 101 - Provider Transition to**

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

Provider Analytics

SATELLITE HEALTHCARE INC
999999999

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

COVID-19 Detail	10-11-2022
Daily IP & Discharge	03-27-2024 ...
Notice of Pregnancy	01-22-2024
Weekly Med Claims	Coming Soon
Weekly Rx Claims	Coming Soon

P4P and Quality Reporting

Quality

Dashboards

Summary

Cost/Utilization Services

CoC - Appointment Agenda - 2025

Reference Materials

Data Dictionary

CLICK HERE

Filtering Options and Additional Resources:

The screenshot displays the 'CoC - Appointment Agenda - 2025' interface. On the left, a sidebar titled 'Show Me:' contains several filter categories: 'Company' (set to '(All)'), 'Line of Business' (set to '(All)', with a dropdown menu open showing 'MARKETPLACE' and 'MEDICAID'), 'Create Date' (set to '(All)'), and 'Active Agenda' (set to 'Y'). The main content area features a header with a navigation menu, a user icon, and a notification bell. A red box highlights the notification bell icon. Below the header, there are search and filter fields, including 'Medicaid' and 'NPI: ALL'. A 'Gap Type' dropdown is set to '(All)', and an 'Excel' button is visible. A table with columns for 'Member ID', 'Plan Member ID', 'Member Last Name', 'Member First Name', 'Date of Birth', 'New Member', 'Pre Auth', and 'NPI' is shown. A red box highlights the 'i' icon in the top right corner. To the right of the table, a dropdown menu is open, showing 'Diagnosis List by Disease Condition' and 'CoC - Appointment Agenda Program Rules'. Below the table, there is a 'Gap Type: (All)' dropdown and a 'Read Only' button. At the bottom, a table with columns for 'Diagnosis/Other Info', 'Assessment Status', 'DOS', 'Mod Date', 'Mod User', 'Status', and 'Provider Response' is visible. The first row shows 'F39 UNSPECIFIED MOOD AFFECTIVE DISORDER', 'Unassessed', '11/18/2024', and a 'Please Select' dropdown.

To download all agendas by specifications:

To open a member's agenda: Enter Member ID or name OR select and click a on Member ID

The screenshot shows the 'CoC - Appointment Agenda - 2025' interface. At the top, there are filters for 'Coded Thru Claims as of: 10/4/2025', 'LOB: ALL', and 'TIN: 999999999 - SATELLITE HEALTHCARE INC'. Below this is a search bar for 'Member:' and a 'Gap Type' dropdown set to 'Risk Adj...'. A 'Member List' button with an 'Excel' icon is highlighted with a pink box. Below the search bar is a table with columns: Create Date, Active Agenda, Agenda Status, Imputed, Member ID, Plan Member ID, Member Last Name, Member First Name, Date of Birth, New Member, Pre Auth, NPI, Assessed, Unassessed, and Assessed %. The table contains several rows of data. Below the table are input fields for 'NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST', 'Member: FL0000004549', and 'DOB: 1/1/2000'. A 'Gap Type: (All)' dropdown and a 'Read Only' button are also present. At the bottom, there is a table with columns: GapType, Gap Description, Diagnosis/Other Info, Assessment Status, DOS, M Date, Mod User, Status, and Provider Response. This table lists items like 'METM - Metabolic, medium', 'PSYL - Psychiatric, low', and 'WCV - Child & Adolescent Well Visit'. A pink box highlights the 'Excel' button with the text: 'Click on Excel to download Workbooks with a list of all members with Agendas and Agendas details'.

To download agendas by TIN, NPI or Member, select one of these tabs

Example Excel Workbook

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

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do...

From Access From Web From Text From Other Sources Existing Connections New Query Recent Sources Refresh All Show Queries From Table Properties Connections Sort Filter Clear Reapply Advanced Text to Columns Flash Fill Remove Duplicates Data Validation Consolidate Relationships Manage Data Model What-if Analysis Forecast Group Ungroup Subtotal Show Detail Hide Detail

A42

	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																	

Filtering By Gap Type: High Risk, CoC, Quality, Clinical, or DOH

CoC - Appointment Agenda - 2025

Coded Thru Claims as of: 10/4/2025 LOB: ALL TIN: 999999999 - SATELLITE HEALTHCARE INC NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST

Member: Gap Type: **(All)** Member List: Appointment Agendas:

Create Date	Active Agenda	Agenda Status	Imputed	Member ID	Plan Member ID	Member Last Name	Member Name	NPI	Assessed	Unassessed	Assessed %
2025-02	Y	Received	N	FL00000003898	00000003898	DEFAULT LAST	DEFAU...	234567891	3	15	16.7%
2025-02	Y	Received	N	FL00000004549	00000004549	DEFAULT LAST	DEFAU...	234567891	1	2	33.3%
2025-02	Y	Received	N	FL00000003763	00000003763	DEFAULT LAST	DEFAU...	234567891	2	4	33.3%
2025-02	Y	Received	N	FL00000004644	00000004644	DEFAULT LAST	DEFAU...	234567891	2	15	11.8%
2025-02	Y	Received	N	FL00000001344	00000001344	DEFAULT LAST	DEFAU...	234567891	1	1	50.0%
2025-02	Y	Received	N	FL00000001205	00000001205	DEFAULT LAST	DEFAU...	234567891	1	3	25.0%
2025-02	Y	Received	N	FL00000000419	00000000419	DEFAULT LAST	DEFAU...	234567891	1	2	33.3%
2025-02	Y	Received	N	FL00000000681	00000000681	DEFAULT LAST	DEFAU...	234567891	1	4	20.0%

Select a Member to see detail

Color Codes:

CoC - Appointment Agenda - 2025

Coded Thru Claims as of: 10/4/2025 LOB: ALL TIN: 999999999 - SATELLITE HEALTHCARE INC NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST

Member: Gap Type: (All) Member List: Excel Appointment Agendas: TIN NPI Member

Create Date	Active Agenda	Agenda Status	Imputed	Member ID	Plan Member ID	Member Last Name	Member First Name	Date of Birth	New Member	Pre Auth	NPI	Assessed	Unassessed	Assessed %
2025-02	Y	Received	N	FL00000000273	00000000273	DEFAULT LAST	DEFAULT FIRST	9/30/2006	NA	NA	1234567891	2	3	40.0%
2025-02	Y	Received	N	FL000000003870	000000003870	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	14	6.7%
2025-02	Y	Received	N	FL00000000926	00000000926	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	3	7	30.0%
2025-02	Y	Received	N	FL000000002024	000000002024	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	2	2	50.0%
2025-02	Y	Received	N	FL000000001482	000000001482	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	5	16.7%
2025-02	Y	Received	N	FL00000000901	00000000901	DEFAULT LAST	DEFAULT FIRST	12/16/1999	NA	NA	1234567891	1	4	20.0%
2025-02	Y	Received	N	FL000000003142	000000003142	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	15	6.3%

NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST Gap Type: (All) Read Only

Member: FL000000003870 DEFAULT FIRST DEFAULT LAST DOB: 1/1/2000

GapType	Gap Description	Diagnosis/Other Info	Assessment Status	DOS	Mod Date	Mod Us	Status	Provider Response
Risk Adjustment CoC	CARL - Cardiovascular_low		Unassessed	12/31/9999			Light Green	Assessed & Documented as Appr...
	DIA2 - Diabetes_type_2	E11.65 TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Coded Through Claims	01/31/2025			Dark Green	Assessed, Not Present
	SKCL - Skeletal_low		Unassessed	12/31/9999			Dark Green	Not Assessed, Member Referred
Quality	COL - Colorectal Cancer Screen (51 - 75 yrs)		Assessed	12/31/9999			Yellow	Please select
	EED - Diabetes - Dilated Eye Exam		Assessed	12/31/9999			Yellow	Please select
	Adult Immunization Status Influenza		Unassessed	12/31/9999			Yellow	Please select

Status Colors:
As the provider selects Provider Responses status turns LIGHT GREEN

Status will turn DARK GREEN as the Dx are reconciled by claims, or as a submitted documentation is reviewed, or when the condition is checked in the Provider Responses

Open Gaps are YELLOW

Members Gap Type and Provider Responses

CoC - Appointment Agenda - 2025

Coded Thru Claims as of: 10/4/2025 LOB: ALL TIN: 999999999 - SATELLITE HEALTHCARE INC NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST

Member: Gap Type: (All) Member List: Excel Appointment Agendas: TIN NPI Member

Create Date	Active Agenda	Agenda Status	Imputed	Member ID	Plan Member ID	Member Last Name	Member First Name	Date of Birth	New Member	Pre Auth	NPI	Assessed	Unassessed	Assessed %
2025-02	Y	Received	N	FL00000000273	00000000273	DEFAULT LAST	DEFAULT FIRST	9/30/2006	NA	NA	1234567891	2	3	40.0%
2025-02	Y	Received	N	FL00000003870	00000003870	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	14	6.7%
2025-02	Y	Received	N	FL00000000926	00000000926	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	3	7	30.0%
2025-02	Y	Received	N	FL00000002024	00000002024	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	2	2	50.0%
2025-02	Y	Received	N	FL00000001482	00000001482	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	5	16.7%
2025-02	Y	Received	N	FL00000000901	00000000901	DEFAULT LAST	DEFAULT FIRST	12/16/1999	NA	NA	1234567891	1	4	20.0%
2025-02	Y	Received	N	FL00000003142	00000003142	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	15	6.3%

NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST Gap Type: (All) Read Only

Member: FL00000003870 DEFAULT FIRST DEFAULT LAST DOB: 1/1/2000

GapType	Gap Description	Diagnosis/Other Info	Assessment Status	DOS	Mod Date	Mod User	Status	Provider Response
Risk Adjustment CoC	CARD - Cardiovascular_low		Unassessed	12/31/9999			Assessed & Documented as Appr...	
	DIAB - Diabetes_type 2	E11.65 TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Coded Through Claims	01/31/2025			Please Select	
	SKEL - Skeletal_low		Unassessed	12/31/9999			Assessed, Not Present	
Quality	COLO - Colorectal Cancer Screen (51 - 75 yrs)		Assessed	12/31/9999			Not Assessed, Addressed P...	
	EEG - Diabetes - Dilated Eye Exam		Assessed	12/31/9999			Not Assessed, Member Ref...	
	ADU - Immunization Status Influenza		Unassessed	12/31/9999			Please Select	

Gap Type

Must select one of the Provider Responses

UPDATE AND SAVE CHANGES

CoC - Appointment Agenda - 2025

Coded Thru Claims as of: 10/4/2025 LOB: ALL TIN: 999999999 - SATELLITE HEALTHCARE INC NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST

Member: Gap Type: High Risk Member List: Excel Appointment Agendas: TIN, NPI, Member

Create Date	Active Agenda	Agenda Status	Imputed	Member ID	Plan Member ID	Member Last Name	Member First Name	Date of Birth	New Member	Pre Auth	NPI	Assessed	Unassessed	Assessed %
2025-02	Y	Not Received	N	QF0000000002	0000000002	DEFAULT LAST	DEFAULT FIRST	1/1/2000	N	NA	1234567891	0	1	0.0%
2025-02	Y	Not Received	N	QF0000000022	0000000022	DEFAULT LAST	DEFAULT FIRST	1/1/2000	N	NA	1234567891	0	2	0.0%
2025-02	Y	Not Received	N	EL00000003605	00000003605	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	0	1	0.0%
2025-02	Y	Not Received	N	FL00000000676	00000000676	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	0	1	0.0%
2025-02	Y	Not Received	N	EL0000000702	0000000702	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	0	1	0.0%

NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST

Member: QF0000000022 DEFAULT FIRST DEFAULT LAST DOB: 1/1/2000

GapType	Gap Description	Diagnosis/Other Info	Assess Status	Assessed	Unassessed	Assessed %
High Risk	ER Utilization Assessment	3 ED Visits in the last 12 months, 0 of which were considered preventable	Unassessed	0	5	0
	Significant Claims With Unassessed Dx Codes	The patient has a high claims utilization compared to their health acuity. Please confirm that all conditions are being assessed and documented.	Unassessed	01/16/2025		
Risk Adjustment CoC	V28_HCC280 - Chronic Obstructive Pulmonary Disease, Interstitial Lung Disorders, and Other Chronic Lung Disorders	J44.9 CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Coded Through Claims	04/24/2025		
	V28_HCC38 - Diabetes with Glycemic Unspecified, or No Complications	E11.65 TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Coded Through Claims	03/26/2025		
	V28_HCC226 - Heart Failure, Except End-Stage and Acute	I50.9 HEART FAILURE UNSPECIFIED	Coded Through Claims	04/24/2025		
	V28_HCC253 - Hemiplegia/Hemiparesis	I69.951 HEMIPLEG FLW UNS CEREBROVASC DZ AFF RT DOM SIDE	Coded Through Claims	04/24/2025		

Submit Your Name and Click Update

I attest that I am certified to make updates.

Marcia Brady

Enter Name

Submit Update

Frequently Asked Questions and Resources

Frequently Asked Questions

Why did I get an Agenda for this Patient? They aren't on my panel – I've never seen them.

- Agendas are created for patients in the program with the PCP TIN they are assigned to. If the Patient changes their PCP under a different TIN, the agenda will become inactive and will be recreated under the new assigned TIN in future waves.

Why can't I find an Agenda on the portal? Patients who are no longer active do not populate in the portal.

- The patient may have had a previously paid Appointment Agenda with another provider throughout the year, these are removed from the portal.

How do I address conditions of which I am unsure of?

- 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 "Gap Assessed and Documented as Appropriate." If the ICD-10 code is not listed under the condition category, you would indicate the condition as "Gap Assessed and ." All conditions marked "Active" need to be documented on your claim.

Continued

Why is the current diagnosis blank?(Predictive Conditions-where the last DOS is listed as 12/31/9999).

- This is a Predictive Gap. This condition has not been coded in the past, but it is suspected the condition could exist due to prior claims data (Labs, tests, or prescriptions).

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

- CPE/Medical Record Submissions are not accepted for the Continuity of Care Bonus Program.

Do Appointment Agendas change throughout the year?

- Appointment Agendas are refreshed quarterly 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.

Additional Resources

CCH Program Reference Links:

- [Carolina Complete Health CoC 2025 Program Guide \(PDF\)](#)
- [CoC Tiered Incentive Payment Examples \(PDF\)](#)

Ambetter Program Reference Links:

- [2025 Continuity of Care Program Guide \(PDF\)](#)
- [Continuity of Care Appointment Agenda \(PDF\)](#)