



# Continuity of Care Plus Program 2026



# 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.



# 2026 Continuity of Care Plus



- 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 2026 for dates of service January 1, 2026, through December 31, 2026



**Compensation** - 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

# 2026 Continuity of Care Plus (CoC+)

# 2026 CoC+ Program Information and How it Works

- Providers may earn compensation by completing the Risk Adjustment section of the Appointment Agenda. This involves reviewing and updating the patient's active/suspected conditions to ensure accurate and complete documentation.
- Providers may earn additional compensation by completing all other insights presented on the Appointment Agenda. These include High Complexity, Clinical, Quality and Drivers of Health.
- Compensations 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+



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

# Provider Response Options

There are four available responses for each insight listed on the Appointment Agenda. These responses were selected to provide comprehensive options that cover a variety of scenarios for conditions.

## Active & Documented

The condition remains active, or insight is clinically relevant and should be documented on a claim using appropriate coding standards, when applicable

## Resolved/Not Present

The condition is resolved, inactive, or the insight is not relevant to the patient's current clinical status

## Patient Referred

The insight requires evaluation by a specialist or another provider

## Addressed Previously

The insight was resolved in a prior visit and does not require further action.

# Risk Adjustment CoC+

# Risk Adjustment CoC+ Program

- Focuses of Addressing Predictive and/or Persistent Conditions
  - ❖ Risk Adjustment section highlights 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, 2026, to December 31, 2026

# Comprehensive Insights

# Comprehensive Insights

- Providers are eligible for an additional \$100 per Appointment Agenda for completing the following portions for members who have insights in one or more of the following:
  - High Complexity
  - Quality
  - Clinical Insights
  - Drivers of Health (aka social determinants of health) *\*This is Medicaid only\**

**All available** boxes related to the high complexity, quality, clinical insights and drivers of health portions **must** be checked and verified to be eligible for the additional compensation!

# Comprehensive Appointment Agenda Insights

High Complexity Insights	ER Utilization, Significant claims with unassessed Dx codes, High Risk RA gap unassessed and late in year
Quality Insights	HEDIS gaps, preventative measures
Clinical Insights	Care Coordination identification, Rx Therapeutic interchange, Rx Duplicate Therapy, Hospital discharge w/o 30 days follow-up, IP readmission w/in 30 days
Drivers of Health (DOH)	(Medicaid Only) Food Insecurity, Housing Insecurity, Utilities and/or Transportation needs

# Example Agenda

Line of Business



<Barcode>

Agenda ID: XXXXXXXX

<MEMBER LAST NAME, MEMBER FIRST NAME><MEMBER ID>

Member Phone: (XXX)-XXX-XXXX

Member DOB: <M/D/YYYY>

TIN Name: <TIN NAME><TIN>-<STATE>

IPAA Name: <IPAA>

Provider Name and ID: <NPI NAME><NPI>

**2026 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.

Insight Information				Select a response indicating the Status of each Insight			
Insight Type	Insight Description	Diagnosis/Supporting Information	Relevant DOS	Active & Documented	Resolved/Not Present	Addressed Previously	Patient Referred
Risk Adjustment	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Complexity	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers of Health	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider should select one status for each insight

For questions on the Appointment Agenda form, please contact your provider representative.

Please complete form, sign, and send via fax to 844-608-0465 or via secure email to [agenda@centene.com](mailto:agenda@centene.com)

Line of Business



<Barcode>

Agenda ID: XXXXXXXX

<MEMBER LAST NAME, MEMBER FIRST NAME><MEMBER ID>

Member Phone: (XXX)-XXX-XXXX

Member DOB: <M/D/YYYY>

TIN Name: <TIN NAME><TIN>-<STATE>

IPAA Name: <IPAA>

Provider Name and ID: <NPI NAME><NPI>

**2026 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.

Insight Information				Select a response indicating the Status of each Insight			
Insight Type	Insight Description	Diagnosis/Supporting Information	Relevant DOS	Active & Documented	Resolved/Not Present	Addressed Previously	Patient Referred
Risk Adjustment	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Complexity	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers of Health	<Insight Description>	<Diagnosis/Other Info/Supporting Information>	<MM/DD/YYYY>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider should select one status for each insight

For questions on the Appointment Agenda form, please contact your provider representative.

# Provider Compensation Details

# Provider Compensation Details

Providers may earn compensation by completing the Risk Adjustment section of the Appointment Agenda with verified / documented diagnoses on a claim.

Threshold % of appointment agendas completed	Paper Rate	Electronic rate
<50%	\$50	\$100
≥ 50% to ≤ 80 %	\$100	\$200
≥80%	\$150	\$300
<b>Comprehensive Insights Competition: \$100 per agenda</b>		

*\*Please note electronic submissions qualify for double the payment **except** the Comprehensive Insight payout, you can submit that through the portal, mail, or fax.*

# Example- Compensation

Using the example of 100 completed & payable agendas:

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

# Payment Process & Timelines

Payments will begin after the second quarter of 2026, continuing through the second quarter of 2027.

All claims or encounters must be submitted by **Jan. 31, 2027**, 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.

# 2026 Agendas & Potential Bonus

{Provider Name}

Line of Business:

Number of Risk Adjustment

Agendas:

Comprehensive Insights

Agendas:

Potential Earnings:

# 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)

1. 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.
2. Sign and date the completed Appointment Agenda.
3. Submit the completed form via fax to **\*\*Updated Number 844-608-0465** or secure email to [agenda@centene.com](mailto:agenda@centene.com).
4. 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".

# Navigating to CoC+ Dashboard

# Carolina Complete Health Secure Provider Portal

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

The screenshot shows the top navigation bar of the Carolina Complete Health network website. The navigation items are: Home, For Members [↗](#), Join the Network, Pre-Auth Tool [↗](#), Tailored Plan Portals, and CCH Portal [↗](#). The CCH Portal link is highlighted with a pink rectangular box. To the right of the navigation bar is a search box with the text "Enter Keyword" and a magnifying glass icon. Below the navigation bar is the Carolina Complete Health logo and a secondary navigation menu with items: About Us [▼](#), Provider Resources [▼](#), Prior Authorization, Provider Communications, and Contact Us. An inset window shows a login page with the Carolina Complete Health logo, the text "Log In", a "Username (Email)" input field, a blue "LOG IN" button, and a "Create New Account" link. A large pink arrow points from the bottom of the inset window up to the CCH Portal link in the main navigation bar.

# Ambetter NC Inc. Secure Provider Portal

Go to [ambetterofnorthcarolina.com](http://ambetterofnorthcarolina.com)

The image shows a screenshot of the Ambetter NC Inc. website. The top navigation bar includes the Ambetter logo, "Our Health Plans", "Join Ambetter", "For Members", "For Providers" (highlighted with a dotted border), "For Brokers", and a "Shop Our Plans" button. Below the navigation bar, a large pink arrow points from the "For Providers" link to a callout box. The callout box displays the "ambetter. Log In" page, which features a "Username (Email)" input field, a "LOG IN" button, and a "Create New Account" link.

# 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

The screenshot displays the Provider Portal interface. At the top, a 'Welcome, Kimberly!' message is followed by a 'Quick Actions' section with a form for Member ID or Last Name, Member Date of Birth, and Select Action Type, with a 'SUBMIT' button. Below this is an 'Authorization Overview' section with buttons for 'Inpatient Authorizations' and 'Outpatient Authorizations', each with a 'View All' link. The 'Useful Links' section contains several cards: 'Reports', 'Patient Analytics - Coming Soon', 'Provider Analytics' (highlighted with a red arrow), 'Provider Resources', 'Provider Educational Materials', 'Healthy Opportunities', 'CDC's 6/18 Initiative', 'Provider Training On', and '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 - 2026**

**Reference Materials**

- Data Dictionary

# Filtering Options and Additional Resources:

The screenshot displays the 'CoC+ Appointment Agenda - 2026' 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 search bar for 'MEDICAID' and 'NPI: ALL'. Below this is a table with columns: Member ID, Plan Member ID, Member Last Name, Member First Name, Date of Birth, New Member, Pre Auth, and NPI. A 'Gap Type' dropdown is set to '(All)', and an 'Excel' button is visible. A 'Read Only' button is also present. On the right, a dropdown menu is open, showing 'Diagnosis List by Disease Condition' and 'CoC - Appointment Agenda Program Rules'. At the bottom, a table row shows 'F39 UNSPECIFIED MOOD AFFECTIVE DISORDER' with an 'Unassessed' status and a date of '11/18/2024'. A 'Provider Response' dropdown is set to 'Please Select'.

# 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

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	FL00000003898	00000003898	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	3	5	37.5%
			N	FL00000004549	00000004549	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	1	50.0%
2025-02	Y	Received	N	FL00000003763	00000003763	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	2	1	66.7%
2025-02	Y	Received	N	FL00000004644	00000004644	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	2	4	33.3%
2025-02	Y	Received	N	FL00000001344	00000001344	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	1	50.0%
2025-02	Y	Received	N	FL00000001205	00000001205	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	1	50.0%
2025-02	Y	Received	N	FL00000000419	00000000419	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	1	50.0%
2025-02	Y	Received	N	FL00000000681	00000000681	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	1	2	33.3%

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

Click on Excel to download Workbooks with a list of all members with Agendas and Agendas details

# 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 From Table From Recent Sources Refresh All Properties Edit Links Connections Sort & Filter Filter Clear Reapply Advanced Text to Columns Flash Fill Remove Duplicates Data Consolidate Relationships Manage Data Model What-if Analysis Forecast Sheet 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

The screenshot displays the 'CoC+ Appointment Agenda - 2026' interface. At the top, there are navigation icons and a title bar. Below the title bar, there are filters for 'Coded Thru Claims as of: 10/4/2025', 'LOB: ALL', 'TIN: 999999999 - SATELLITE HEALTHCARE INC', and 'NPI: 1234567891 - DEFAULT FIRST DEFAULT LAST'. A search bar for 'Member:' is present. The main area contains a table with columns: Create Date, Active Agenda, Agenda Status, Imputed, Member ID, Plan Member ID, Member Last Name, Member Name, NPI, Assessed, Unassessed, and Assessed %.

A dropdown menu is open over the 'Gap Type' column, showing the following options:

- (All)
- High Risk
- Risk Adjustment CoC
- Quality
- Clinical
- DOH

Buttons for 'OK' and 'Cancel' are visible at the bottom of the dropdown menu.

Below the table, a yellow box contains the text: 'Select a Member to see detail'.

# Color Codes:

Insight Type ↑	Insight Description	Diagnosis/Supporting Information	DOS	Mod Date	Mod User	Status
Risk	<a href="#">CANH - Cancer, high</a>	MALIGNANT NEOPLASM OF CARDIA	07/16/2025	01/16/2026	Internal	<span style="color: green;">●</span> Coded Through Claims
Risk	<a href="#">CARM - Cardiovascular, medium</a>	CARDIOMEGALY	05/19/2022			<span style="color: yellow;">●</span> Unassessed
Risk	<a href="#">CNSM - Central Nervous System, medium</a>	LUMB SPINA BIFIDA W/O HYDROCEPHALUS	01/22/2022	01/16/2026	Internal	<span style="color: lightgreen;">●</span> In Progress

  

Insight Type ↑	Insight Description	Diagnosis/Supporting Information	DOS	Mod Date	Mod User	Status	Provider Response
Risk	<a href="#">CANH - Cancer, high</a>	MALIGNANT NEOPLASM OF CARDIA	07/16/2025	01/16/2026	Internal	<span style="color: green;">●</span> Coded Through Claims	Active & Documented
Risk	<a href="#">CARM - Cardiovascular, medium</a>	CARDIOMEGALY	05/19/2022			<span style="color: yellow;">●</span> Unassessed	
Risk	<a href="#">CNSM - Central Nervous System, medium</a>	LUMB SPINA BIFIDA W/O HYDROCEPHALUS	01/22/2022	01/16/2026	Internal	<span style="color: lightgreen;">●</span> In Progress	Active & Documented
Risk	<a href="#">DIA1 - Diabetes, type 1</a>	TYPE 1 DM W/UNS COMPLICATIONS	08/02/2022	01/16/2026	Internal	<span style="color: green;">●</span> Assessed	Patient Referred

## Status Colors:

**Light green indicates “In Progress” – this is a marked active diagnosis, waiting on a claim with diagnosis code that maps to the Disease Category.**

**Dark Green indicates the claim has been received with diagnosis code mapping to disease category or assessed condition/insight marked “Resolved/Not Present, Addressed Previously, or Patient Referred” where diagnosis not required.**

**Yellow indicates the condition is unassessed and requires a response.**

# Members Gap Type and Provider Responses

CoC+ Appointment Agenda - 2026

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...	Assessed & Documented as Appr...
	DIAB - Diabetes_type 2	E11.65 TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Coded Through Claims	01/31/2025			Please Select	Assessed, Not Present
	SKEL - Skeletal_low		Unassessed	12/31/9999			Assessed, Not Present	Not Assessed, Addressed P...
Quality	COLO - Colorectal Cancer Screen (51 - 75 yrs)		Assessed	12/31/9999			Not Assessed, Addressed P...	Not Assessed, Member Ref...
	EEG - Diabetes - Dilated Eye Exam		Assessed	12/31/9999			Not Assessed, Member Ref...	Please Select
	ADJ - 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 - 2026**

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	EL0000003605	0000003605	DEFAULT LAST	DEFAULT FIRST	1/1/2000	NA	NA	1234567891	0	1	0.0%
2025-02	Y	Not Received	N	FL0000000676	0000000676	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 Stat
High Risk	ER Utilization Assessment	3 ED Visits in the last 12 months, 0 of which were considered preventable	Unassessed
	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.

      

Enter Name

# Frequently Asked Questions and Resources

# Frequently Asked Questions

- 1. Why did I get an Agenda for this patient? They aren't on my panel and has never been seen in the organization.**

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.
- 2. 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.
- 3. 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 "Active & Documented." If the ICD-10 code is not listed under the condition category, you would indicate the condition as whichever is most applicable from "Resolved/Not Present" or "Addressed Previously." All conditions marked "Active & Documented" need to be documented on your claim.

# Frequently Asked Questions

- 1. 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).
- 2. 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 Plus Program.
- 3. Do Appointment Agendas change throughout the year?**

Appointment Agendas are refreshed monthly to account for any membership changes throughout the year. Some data listed on the Appointment Agenda may appear differently because of a refresh.

# Additional Resources and Contact Information

## Carolina Complete Health Resources

- [Risk Adjustment: Continuity of Care Program Webpage](#)
- [Carolina Complete Health 2026 CoC Plus Program Guide](#)
- [2026 Carolina Complete Health CoC Plus Appointment Agenda](#)
- [2026 CoC Plus Program Flyer](#)

## Ambetter Program Reference Links:

- [Ambetter of NC Inc. Provider Resources Webpage](#)

For more information, please contact the Provider Engagement Team email at [ProviderEngagement@cch-network.com](mailto:ProviderEngagement@cch-network.com).