



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



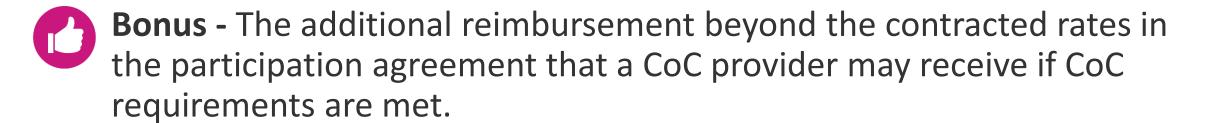
Eligible Member - A member specifically identified by the health plan as having a health condition(s) or care gap(s) for which we are seeking



Program Definitions



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



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**.
- 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 than 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

- 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.



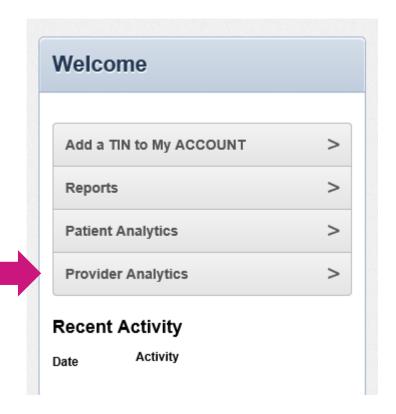
SECURE PROVIDER PORTAL

Navigating to CoC Dashboard

Portal Navigation

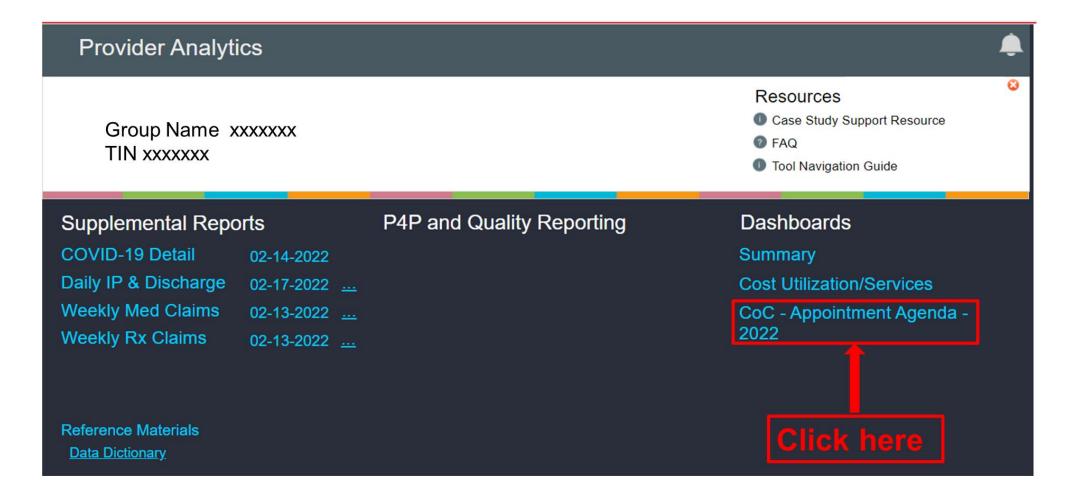
After logging into the Provider Portal, you will see the "Welcome Box" on the righthand side

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





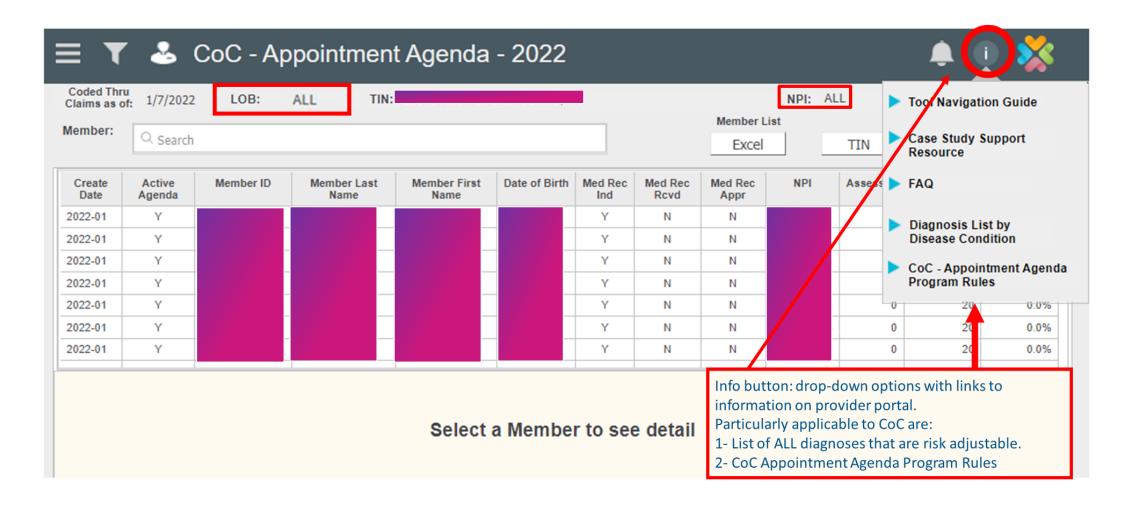
Upon login into the portal and selecting Provider Analytics you will land on this page:







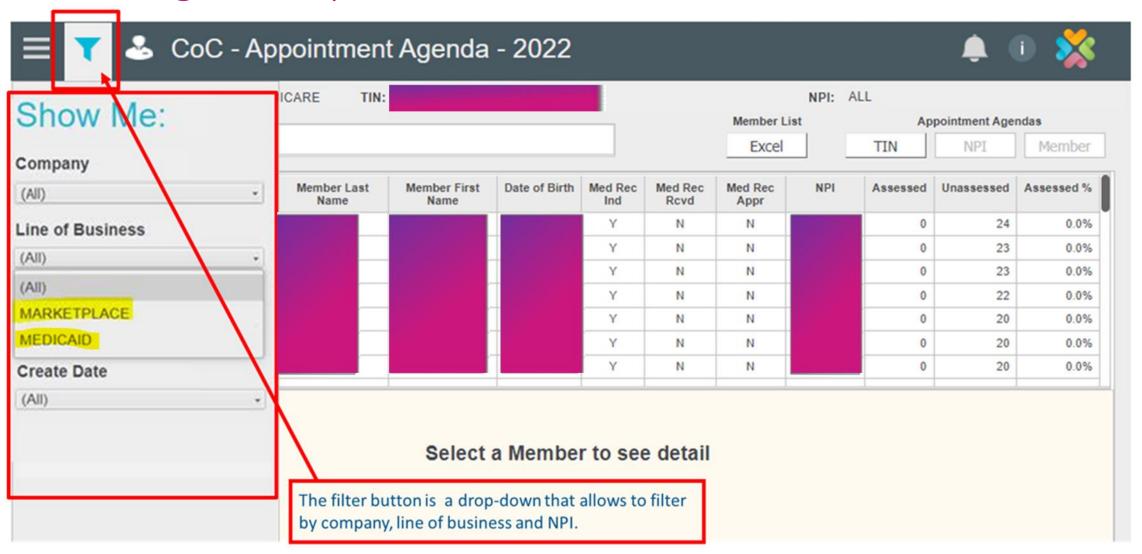
List of all Agendas in TIN: Info Button





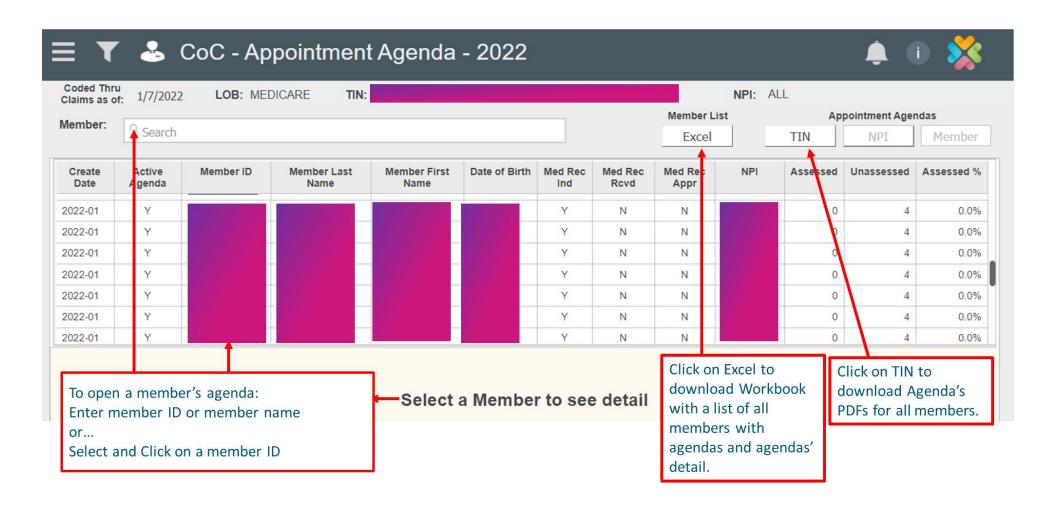


List of all Agendas by TIN: Filter Button





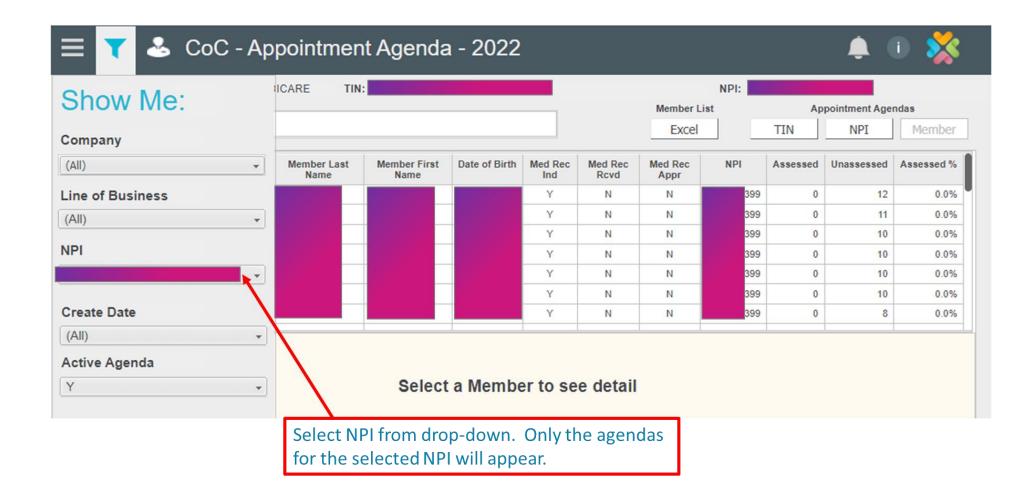
To download all agendas by TIN:







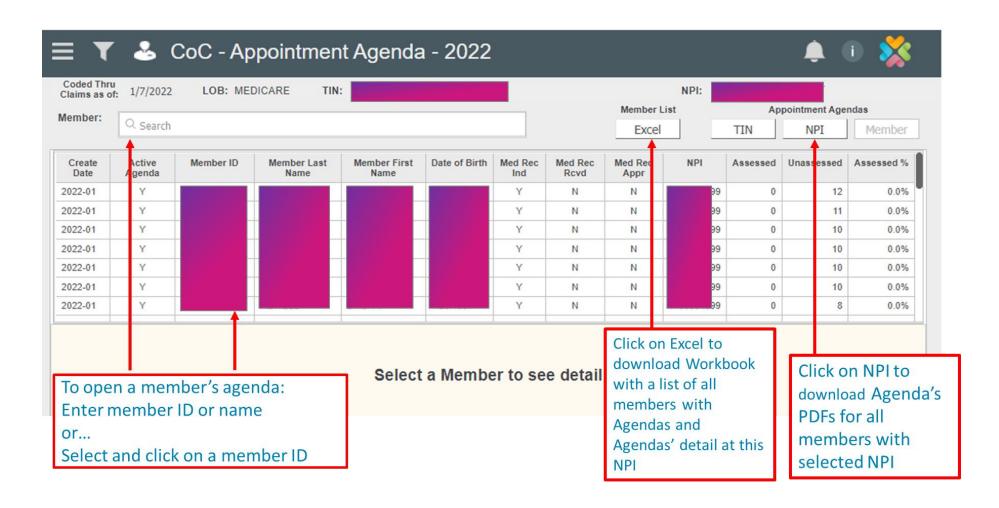
To search by NPI:







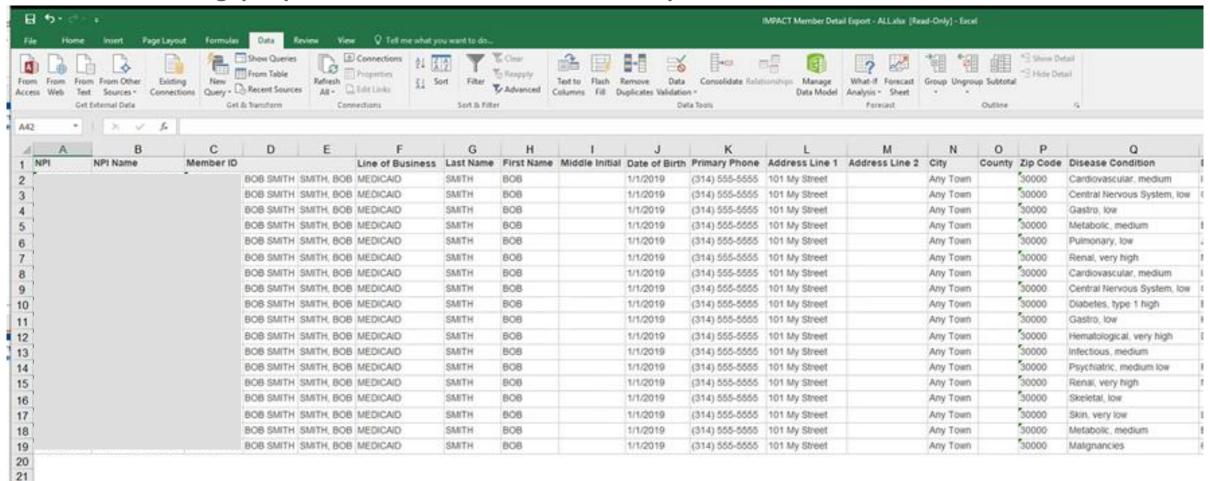
To download all agendas by NPI:





Example Excel Workbook

Providers access gap reports to assess the members for suspected conditions







Opening a Member's Agenda:

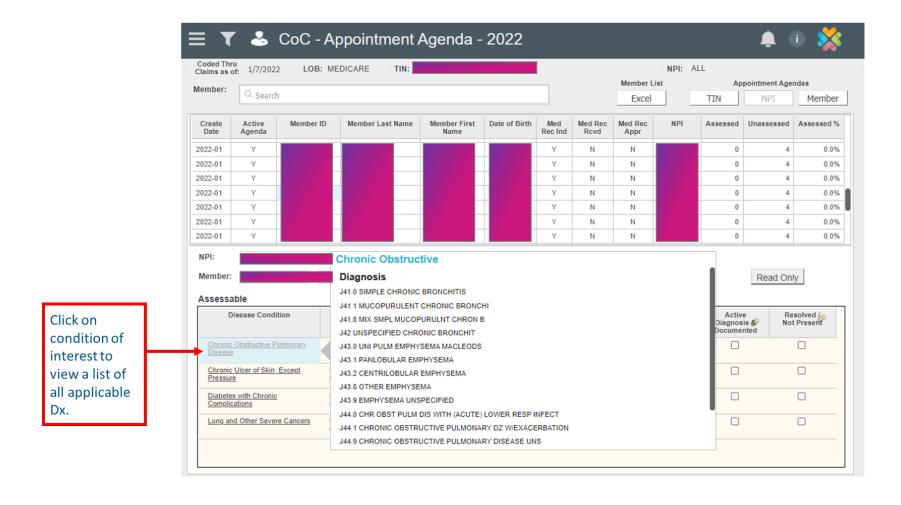
Providers can search for a specific patient by typing in either the name or ID of the patient.



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

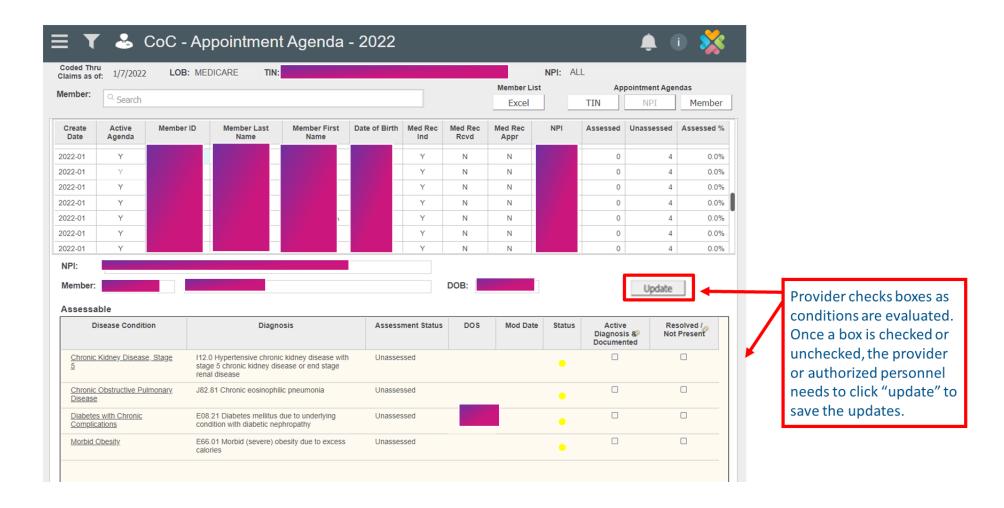


Working through the Agenda: List of applicable diagnoses for HCC suspects:



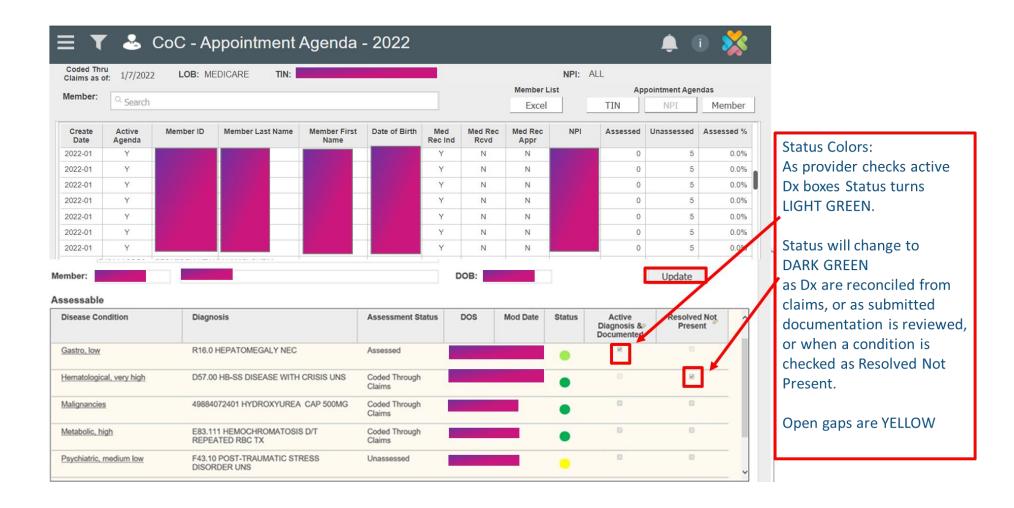


Working Through the Agenda: closing HCC gaps





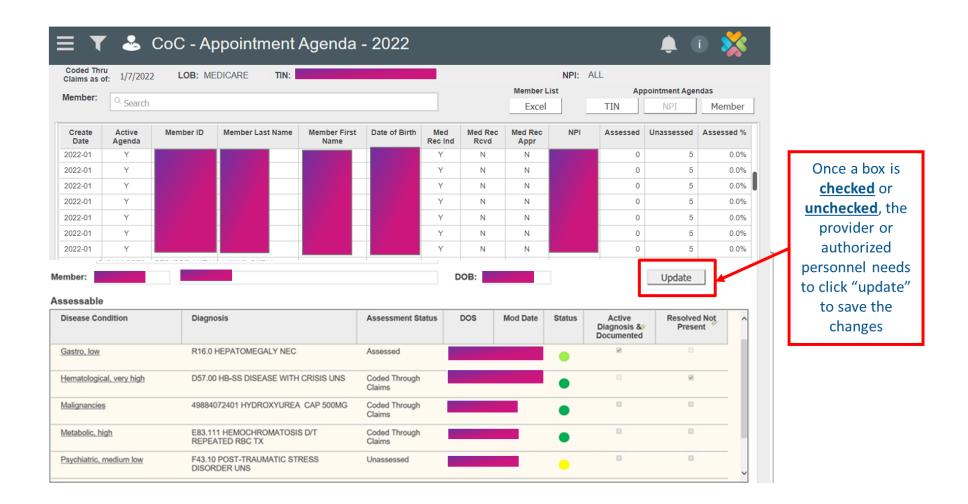
Working the Agenda: closing HCC Gaps – Color Codes





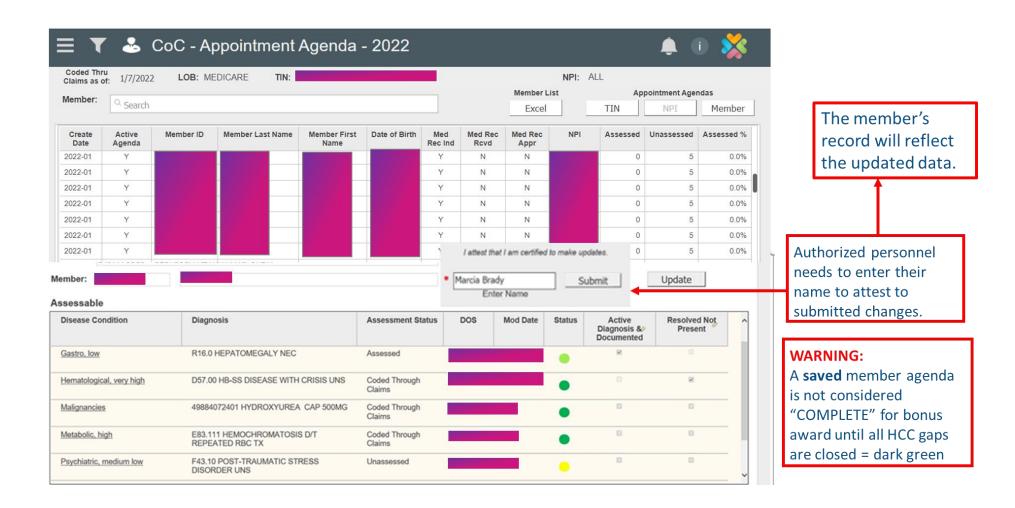


Working the Agenda: UPDATE TO SAVE CHANGES !!!!!!





Working the Agenda: UPDATE AND SAVE CHANGES







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

<Barcode>

ambetter.	а	m	b	e	tt	e	ſ.
	of N	Vorth	Са	irol	inα	Inc	

Agenda ID: <xxxx></xxxx>							
<member_last_name, r<="" td=""><td>nember_first_n</td><td>ame {mem</td><td>ber ID}></td><td>Member</td><td>Phone: <xxx-x< td=""><td>xx-xxxx></td><td></td></xxx-x<></td></member_last_name,>	nember_first_n	ame {mem	ber ID}>	Member	Phone: <xxx-x< td=""><td>xx-xxxx></td><td></td></xxx-x<>	xx-xxxx>	
Member DOB: <xx td="" xx="" xx<=""><td>xx></td><td></td><td></td><td></td><td></td><td></td><td></td></xx>	xx>						
TIN Name: <xxxx></xxxx>				<ipaa id<="" td=""><td>: xxxxxxx></td><td></td><td></td></ipaa>	: xxxxxxx>		
Provider Name and ID:	<xxxxxx></xxxxxx>			<ipaa na<="" td=""><td>ame: xxxxx></td><td></td><td></td></ipaa>	ame: xxxxx>		
<pre><pre>rovider Address: xxx</pre></pre>	xx>						
	2022 AP	POINTMEN	IT AGENDA - Use as a g	guide during th	ne patient's vis	it.	
Health Condition His					·		
These conditions are based diagnoses, as these conditi conditions.							
Suspected Rx/Condition	Туре	Source	Diagnosis			Active Diagnosis & Documented	Resolved / Not Present
<hcc description=""> <icd (if="" 10="" applicable)="" code=""></icd></hcc>	<type></type>	<source/>	<diagnosis></diagnosis>				
<hcc description=""> <icd (if="" 10="" applicable)="" code=""></icd></hcc>	<type></type>	<source/>	<diagnosis></diagnosis>				
<hcc description=""> <icd (if="" 10="" applicable)="" code=""></icd></hcc>	<type></type>	<source/>	<diagnosis></diagnosis>				
<hcc description=""> <icd (if="" 10="" applicable)="" code=""></icd></hcc>	<type></type>	<source/>	<diagnosis></diagnosis>				
<hcc description=""> <icd (if="" 10="" applicable)="" code=""></icd></hcc>	<type></type>	<source/>	<diagnosis></diagnosis>				
Persistency = DX Code(s) have ap	peared in prior cla	lms			Predictive = Pos	sible condition(s) b	ased on prior clain
Care Guidance							
Address and document the For additional information, p				CPT, CPTII, H	CPCS, DX code	es or applicable o	locumentation.
Measure			Service Window Start D	ate	Service Window	/ End Date	Compliant Indicator
<measure></measure>				<>		<>	<x></x>
<measure></measure>				< 1 1 >		<_ /_ /_ >	<x></x>
			nent Agenda form, please				
All current Diagnoses an			/IA FAX (<1-813-464-8 es of service must be do				
Provider Signature:				Date:			
Provider Printed Name:				Provide	r Credentials : N	ID, DO, PA, NP	(circle one)
<office name=""></office>			<tin-plan code<="" td=""><td>e></td><td></td><td>APPOINTM</td><td>ENT AGENDA</td></tin-plan>	e>		APPOINTM	ENT AGENDA



<Barcode>

Agenda	ID: <xxxxxxx< th=""></xxxxxxx<>
--------	---------------------------------

March or DOD: make her	nember_first	t_name (memi	ber ID)>	Member	Phone: <xxx-x< th=""><th>KK-XXXX></th><th></th></xxx-x<>	KK-XXXX>	
Member DOB: <xx th="" xx="" xx<=""><th>XX></th><th></th><th></th><th></th><th></th><th></th><th></th></xx>	XX>						
TIN Name: <xxxx></xxxx>				<ipaa id<="" th=""><th>xxxxxxx</th><th></th><th></th></ipaa>	xxxxxxx		
Provider Name and ID: <xxxx></xxxx>			<ipaa name:="" xxxxx=""></ipaa>				
<pre><pre>rovider Address: xxxxx></pre></pre>							
			NT AGENDA - Use as a guide	e during th	e patient's vis	it.	
	fon claims s	ubmitted by pro	widers and/or the member's n eir severity level may have cha				
Suspected Rx/Condition	Туре	Source	Diagnosis			Active Diagnosis & Documented	Resolved Not Present
1CQ Descriptions CD 10 Code (ifapplicable)-	<type></type>	<source/>	<diagnosis></diagnosis>				
HCC Description» ICD 10 Code (Happlicable)»	<type></type>	<source/>	<diagnosis></diagnosis>				
HCC Description» ICD 10 Code ((fapplicable)»	<type></type>	<source/>	<diagnosis></diagnosis>				
HCC Description» HCD 10 Code ((fapplicable)*	<type></type>	<source/>	<oiagnosis></oiagnosis>				
HDC Descriptions ICD 10 Code ((fapplicable)»	<type></type>	<source/>	<diagnosis></diagnosis>				
	Care Gaps be	elow. Care Ga	ps are closed by <u>a claim, CP1</u> Sap Report.	г, сртіі, но		sible condition(s) bu	
additional information, p			Service Window Start Date		Service Window End Date		Complian
			Service Window Start Date		Service William	CHO Date	Indicator
Measure				1.1>	SCHOOL WEIGHT	<_/_/>	Indicator
fleasure :Measure>			<	//_>	SOURCE WHILE		
Measure> Measure>	r questions o	n the Appointm	<	<u>/_/_</u> >		< <u> </u>	00
Measure> Measure>			ent Agenda form, please con	/_/_>	ovider Represe	<_/_/ > <_// > entative.	90
Measure> Measure> Fo PLEASE COMPLETE FOR	M, SIGN AND	SEND TO US V	nent Agenda form, please con NA FAX (<1-813-464-8879>	tact your Pr	rovider Represe	<_/_> / entative. enda@cente	op ne.com»).
Measure> Measure> Fo PLEASE COMPLETE FOR	M, SIGN AND	SEND TO US V	ent Agenda form, please con	tact your Pr	rovider Represe	<_/_> / entative. enda@cente	oo oo
Measure> Measure> Fo PLEASE COMPLETE FOR II current Diagnoses an	M, SIGN AND	SEND TO US V s for 2022 date	nent Agenda form, please con NA FAX (<1-813-464-8879) es of service must be docum	tact your Pr	rovider Represe RE EMAIL (<809 the patient's of	<_/_> / entative. enda@cente	OP OP ne.com>).
Measure> Measure> Fo PLEASE COMPLETE FOR Il current Diagnoses an	M, SIGN AND	SEND TO US V s for 2022 date	nent Agenda form, please con NA FAX (<1-813-464-8879) es of service must be docum	tact your Proposition of the control	rovider Represe RE EMAIL (<a #age-age-age-age-age-age-age-age-age-age-<="" href="#age-age-age-age-age-age-age-age-age-age-</td><td><_/_/ > <_// > entative. enda@cente</td><td>ne.com>).</td></tr><tr><td>Measure> Measure> PLEASE COMPLETE FOR Il current Diagnoses an</td><td>M, SIGN AND</td><td>SEND TO US V
s for 2022 date</td><td>nent Agenda form, please con
NA FAX (<1-813-464-8879)
es of service must be docum</td><td>tact your Proposition of the control of the control</td><td>rovider Represe
RE EMAIL (<td><_/_> entative. enda@cente</td><td>ne.com>).</td>	<_/_> entative. enda@cente	ne.com>).
PLEASE COMPLETE FOR	M, SIGN AND	SEND TO US V s for 2022 date	nent Agenda form, please con NA FAX (<1-813-464-8879) es of service must be docum	tact your Proposition of the control	rovider Represe RE EMAIL (







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
- o ...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



Esha Patel Provider Engagement Coordinator-Region 3 epatel@cch-network.com



Will Bradley Provider Engagement Coordinator-Region 3 wbradley@cch-network.com



Tiffany Richberg-Holloway Provider Engagement Coordinator-Region 4 tholloway@cch-network.com



Nora Guerra Provider Engagement Coordinator-Region 4 nguerra@cch-network.com



Amanda Fisher Provider Engagement Coordinator- Region 5 afisher@cch-network.com



Jack Leonard Provider Engagement Coordinator- Region 5 ileonard@cch-network.com







Corporate Connections Team for Health Systems



Audrey Wallace Manager, Corporate Connections awallace@cch-network.com



Christian Gragg Senior Provider Engagement Coordinator cgragg@cch-network.com



Jennifer Sherrill **Provider Engagement** Coordinator jsherrill@cch-network.com



Beth Story Provider Engagement Coordinator bstory@cch-network.com



Chandra Green Provider Engagement Coordinator cgreen@cch-network.com



Laura Gries Provider Engagement Coordinator Igries@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

Carolina Complete Health Network
Provider Engagement Team

Online:

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.