

# 2022 Continuity of Care Program

**PROGRAM STARTS FEBRUARY 2022**



Carolina Complete Health is committed to supporting your efforts to provide the highest quality care to our members. As a result, we are excited to announce that Carolina Complete Health will launch a Continuity of Care (CoC) program effective February 2022. This initiative incorporates Appointment Agendas, HEDIS measures, and pharmacy metrics into one comprehensive program.



## Appointment Agenda

The CoC program is designed to support your outreach to members for annual visits and condition management, which will help us better identify members who are eligible for case management. The program achieves this goal by increasing visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn bonus payments for proactively coordinating preventive medicine and for thoroughly addressing patients' current conditions to improve health and ---clinical quality of care. Our members benefit from this program by receiving more regular and proactive assessments for their chronic conditions. The CoC program is in addition to Carolina Complete Health's other provider bonus programs and does not replace them.

Providers are eligible for a bonus for each completed Appointment Agenda (disease conditions / continuity of care portion only) with verified / documented diagnoses.

Percent of appointment agendas completed	Bonus amount paid per appointment agenda
<50%	\$100
≥50% TO <80%	\$200
≥80%	\$300

### Provider Services

 **1-833-552-3876**

 **[network.carolinacompletehealth.com](https://network.carolinacompletehealth.com)**



## Requirements

- ✓ 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 Documentation

### There are two ways to submit your documentation for the CoC bonus:

- ✓ Log onto the CoC dashboard through our Secure Provider Portal at <https://provider.carolinacompletehealth.com/>
- ✓ 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.
- ✓ Members included in the program are those with disease conditions that need to be addressed annually.
- ✓ Members are selected at the beginning of the program and are subject to change in future programs.
- ✓ Members are listed under their assigned provider's CoC dashboard but can be moved to the attributed provider at Carolina Complete Health's request.
- ✓ For member movement, speak with your Provider Representative.
- ✓ Assessed member is defined as 100% of the gaps are addressed.
- ✓ Gap(s) are addressed by submitting the correct diagnosis code(s) on the medical claim OR by checking the exclusion box in the dashboard.
- ✓ Carolina Complete Health will monitor provider exclusion boxes that are checked on a consistent basis.
- ✓ You must also submit a state-acceptable paid claim demonstrating that an assessment in a provider's office was performed.

### OR

- ✓ Print the Appointment Agenda from the CoC dashboard on the Secure Provider Portal.
- ✓ Sign, date, and submit the completed Appointment Agenda via fax to **1-813-464-8879** or via secure email to **agenda@centene.com**.

### Provider Services



**1-833-552-3876**



**network.carolinacompletehealth.com**

- ✓ Submit a claim / encounter containing all relevant diagnosis codes.
- ✓ Upon receipt of the signed and completed Appointment Agenda, diagnoses submitted will be verified for appropriateness of documentation.

Carolina Complete Health will manage the bonus calculation, reconciliation, and payment processing.

Thank you for being a partner in our members' care. If you have additional questions, please contact Provider Services.



## Program Information

### Summary

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 provider / Carolina Complete Health's claim administration process.



### Instructions

The measurement period is Jan. 1, 2022 - Dec. 31, 2022.

- 1 SCHEDULE AND CONDUCT AN EXAM** with the 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, Carolina Complete Health will verify diagnoses where submitted and documented appropriately.

### Provider Services

 **1-833-552-3876**



**network.carolinacompletehealth.com**



## Payment Process & Timelines

**Payments will begin after the second quarter of 2022 and will continue through the second quarter of 2023.**

- ✓ All claims / encounters must be submitted by Jan. 31, 2023, to be used in calculating the final payment.



## Additional Conditions

**Additional conditions for eligibility to receive a bonus under the CoC program are:**

- ✓ All CoC providers must: (a.) be in a participation agreement with Carolina Complete Health, either directly or indirectly through a group, from the effective date and continually through the dates the bonus payments are made; and (b.) be in compliance with their participation agreement, including timely completion of required training or education as requested or required by Carolina Complete Health.
- ✓ Bonuses are paid to the eligible member's CoC provider of record.
- ✓ Any bonus payments earned through this CoC program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other Carolina Complete Health's bonus program(s) in which you participate. CoC providers who have a contractual or other bonus arrangement with Carolina Complete Health, either directly or through an IPA/group, may be excluded from participation in the CoC program at Carolina Complete Health's discretion.
- ✓ The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including, without limitation, all audit rights of Carolina Complete Health. The CoC provider agrees that Carolina Complete Health or any state or federal agency may audit the provider's records and information.
- ✓ The program is discretionary and subject to modification because of changes in government healthcare programs or otherwise. Carolina Complete Health has discretion to determine whether the requirements are satisfied and if payments will be made. There is no right to appeal any decision made in connection with the program. If the program is revised, Carolina Complete Health will send a notice to the CoC provider by email or other means of notice permitted under the participation agreement.

### Provider Services

 **1-833-552-3876**



**[network.carolinacompletehealth.com](https://network.carolinacompletehealth.com)**

- ✓ Carolina Complete Health reserves the right to withhold the payment of any bonus that may have otherwise been paid to a CoC provider to the extent that such CoC provider has received or retained an overpayment, including any money to which the CoC provider is not entitled, including but not limited to fraud, waste, or abuse. In the event that Carolina Complete Health determines that a CoC provider has an overpayment, we may offset any bonus payment that may have otherwise been paid to the CoC provider against overpayment.
- ✓ Carolina Complete Health shall make no specific payment, directly or indirectly, under a provider bonus program to a CoC provider as an inducement to reduce or limit medically necessary services to an enrollee. This CoC program does not contain provisions that provide bonuses, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.



## Program Information Guide

### Definitions



#### 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.



#### BONUS

The additional reimbursement beyond the contracted rates in the participation agreement that a CoC provider may receive if CoC requirements are met.



#### EFFECTIVE DATE

Program starts Feb. 2022, for dates of service Jan. 1, 2022 through Dec. 31, 2022.



#### ELIGIBLE MEMBER

A member specifically identified by Carolina Complete Health as having a health condition(s) or care gap(s) for which we are seeking validation via claims / encounter submissions.



#### COC PROVIDER

A provider, group, or Independent Practice Association (IPA) who has a contract with Carolina Complete Health and receives this program information guide.

### Provider Services



1-833-552-3876



[network.carolinacompletehealth.com](https://network.carolinacompletehealth.com)



## **Important Contact Information**

For a member with an Appointment Agenda submit via:

**FAX: 1-813-464-8879**

**SECURE EMAIL: [agenda@centene.com](mailto:agenda@centene.com)**