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2022 Specialist Continuity of Care Program

PROGRAM STARTS JULY 2022

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2022 Specialist Continuity of Care Program

Measurement period Jan. 1, 2022 - Dec. 31, 2022

We ("Health Plan") are committed to supporting your efforts to provide the highest quality care to our members. As a result, we are excited to announce that our Health Plan will launch the Specialist instance for the Continuity of Care (CoC) program effective July 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 Specialist 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 our Health Plan'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
0%-100%	$300

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.

Provider Services

1-877-687-1169

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Submit Documentation

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

- ✔ Log onto the Specialist CoC dashboard through our Secure Provider Portal at **SunshineHealth.com/login**
- ✔ 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 Specialist CoC 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 Specialist CoC dashboard but can be moved to the attributed provider at the Health Plan'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.
- ✔ Our Health Plan 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 Specialist 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**.
- ✔ 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.

Our Health Plan 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.

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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 / Health Plan 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 SPECIALIST 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, our Health Plan will verify diagnoses where submitted and documented appropriately.

Payment Process & Timelines

Payments will be processed upon completion of the program for final payment.

- ✔ All claims / encounters must be submitted by Jan. 31, 2023, to be used in calculating the final payment.
- ✔ Our Health Plan may request medical records if we are unable to verify information using claims / encounter data.

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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 our Health Plan, 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 our Health Plan.
- ✔ 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 Health Plan bonus program(s) in which you participate. CoC providers who have a contractual or other bonus arrangement with our Health Plan, either directly or through an IPA/group, may be excluded from participation in the CoC program at our Health Plan'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 our Health Plan. The CoC provider agrees that our Health Plan 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. Our Health Plan 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, our Health Plan will send a notice to the CoC provider by email or other means of notice permitted under the participation agreement.
- ✔ Our Health Plan 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 our Health Plan determines that a CoC provider has an overpayment, our Health Plan may offset any bonus payment that may have otherwise been paid to the CoC provider against overpayment.

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✔ Our Health Plan 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.

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 July 2022, for dates of service Jan. 1, 2022 through Dec. 31, 2022.

ELIGIBLE MEMBER
A member specifically identified by our Health Plan as having a health condition(s) or care gap(s) for which the Health Plan is seeking validation via claims / encounter submissions and/or electronic medical record (EMR) feeds.

CoC PROVIDER
A provider, group, or Independent Practice Association (IPA) who has a contract with our Health Plan and receives this Program Booklet.

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