



arkansas
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Continuity of Care Provider Program

(formerly Partnership for Quality/P4Q)

2/15/2022

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Risk Adjustment 101



What is Risk Adjustment?

CMC-HCC Risk Adjustment is the process by which the Centers for Medicare and Medicaid Services (CMS) adjusts payments to health plans based on the perceived healthcare needs (i.e., anticipated healthcare costs) of their members. These needs are determined using member demographics (age, gender) and diagnosis that are reported for members.

What are Hierarchical Conditions Categories (HCC's)?

HCC's are hierarchy condition categories for Medicare and Marketplace that link to corresponding diagnosis categories. CMS determines the qualifying codes and assign risk adjustment factors to HCC's and can change annually.

Why is Risk Adjustment Important?

The main role of diagnosis codes in the model is to increase diagnosis coding accuracy. This helps the health plan improve health outcomes for members.

What is the Continuity of Care Program?



- Continuity of Care is a **Provider Engagement** program incentivizing providers incrementally for their work on addressing chronic conditions.
- AHW pays **INCENTIVES** for completed and verified Provider Appointment Agendas and/or submission of Comprehensive Exam medical record.
- Providers earn bonus payments for proactively assessing members' current conditions in an effort to improve health and provide clinical quality care. This is a claims-based program – members have to be assessed during the program year by a provider within their assigned PCP organization and a claim submitted with active ICD-10 codes to support provider's assessment.
- Providers can enter relevant documentation in the Arkansas Health & Wellness Secure Provider Portal under the "Provider Analytics" section.
- Measurement Period is from January 1, 2022 - December 31, 2022

2021 Continuity of Care Program Goals



- Ensure members receive care and treatment for all active health conditions, not just for acute health issues.
- Assess and document any and all active conditions that are required to be reported annually.
- Recognize and reward Providers who collaborate with Arkansas Health & Wellness to deliver quality care and improve documentation of care for members.
- Promote preventive services and quality of care for members.

NOTE: Participation in the Continuity of Care program may result in a request for medical records. The request may be part of an internal health plan, state, and/or federal audit or any NCQA program such as HEDIS™

About Continuity of Care Program

- Targeted Lines of Business (LOB)
 - WellCare Medicare Business (does not replace or duplicate existing program)
 - Ambetter from Arkansas Health & Wellness Marketplace Business
 - Wellcare by Allwell from Arkansas Health & Wellness Medicare Business
- Who is included in the program?
 - Members included are those with disease conditions that are required to be assessed, addressed, and reported annually.
 - Member Selections are identified at the beginning of the program and are subject to change in future programs.
 - Incremental additions due to new members enrolling into health plan and member attribution changes may contribute to add, deletes, and changes to appointment agendas during the program year.
 - Members are listed under their assigned provider's Continuity of Care dashboard located in the Secure Provider Portal.

Provider Bonus for CoC Program



- Bonus = \$100 for every Assessed Member with a completed Appointment Agenda and verified/documented diagnosis.
- Can increase up to \$200 and \$300 based on meeting thresholds outlined below.
- Bonus Eligibility requires a qualified visit & a paid risk adjustable claim with a 2022 date of service.

% of Appointment Agenda Completed/Paid	Bonus Amount Per Paid Appointment Agenda
<50%	\$100
>50 to <80%	\$200
>80%	\$300

- Assessed member defined as:
 - **100%** of diagnosis coding gaps are assessed
 - Diagnosis gaps assessed by submitting diagnosis code(s) on a medical claim OR
 - Gaps assessed by checking “Assessed and Documented”, or the “Resolved/Not Present” box OR by submitting a Comprehensive Physical Exam Medical Record along with a completed an Appointment Agenda with boxes checked as above.
 - Provider must submit an acceptable claim with all “Assessed and Documented” diagnosis codes included demonstrating that an assessment was completed this year.

2022 Early Submitter Bonus (ESB)

A subset of the Continuity of Care Program



- **We are offering an additional \$50 bonus for completing a valid office/telehealth visit by May 31, 2022 AND submitting a completed Appointment Agenda by June 30, 2022. Submitted Appointment Agenda diagnoses must be verified on the claim.**

Roles & Responsibilities



- **Health Plan**

- Introduce the program and guide to targeted providers and serve as resource throughout program year for engagement and education.

- **Provider**

- Schedule and conduct an exam with targeted members and use the Appointment Agenda as a guide assessing the validity of each condition identified.
- Document care and diagnosis in the medical record following coding and documentation guidelines
- Submit the claim using the correct ICD-10, CPT[®], CPTII[®] or NDC Codes.
- Utilize the Secure Provider Portal to electronically submit completed appointment or print and fax completed agenda to 1-813-464-8879 or securely email to agenda@centene.com or agenda@wellcare.com **OR** submit Comprehensive Exam medial record in lieu of agenda.

Comprehensive Exam (CPE) Requirements



- The documentation of each encounter should include:
 - Date and Time
 - Patient's name and date of birth
 - Medical History
 - Chief Complaint
 - History of Present Illness
 - Review of Systems (ROS)
 - Past medical, family, social history
 - Physical Examination
 - Assessment, clinical impression, or diagnosis
 - Treatment
 - Provider Name, Signature, Credentials and date signed

Continuity of Care Appointment Agenda



Components of the Appointment Agenda:

1. Health Condition History

Providers should check one box for each Disease Category listed on the agenda.

- ‘Active Diagnosis & Documented’ – Patient is currently presenting with this condition. Providers must submit a claim with a diagnosis code that maps to the Disease Category listed on the agenda.
- ‘Resolved/Not Present’ – Patient is not presenting with this condition. Provider must submit a claim with a 2020 face to face visit and should submit appropriate codes for conditions the Patient is currently presenting.

The Health Condition History/CoC component is all or nothing, ALL Disease Categories must have a box checked and verified with a claim to be eligible for the Bonus.

2. Care Guidance

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your care gap report.

Providers should submit the Agenda once the Health Condition History/CoC component is completed in its entirety. They do **NOT** need to complete the Care Guidance components prior to submitting.

The signature component can be completed by a credentialed provider or the facilitator of the program.

2020 APPOINTMENT AGENDA - Use as a guide during the patient's visit.

Health Condition History / Continuity of Care

These conditions are based on claims submitted by providers and/or the member's medical history as of 4/30/2020. Please update diagnoses, as these conditions may no longer exist, their severity level may have changed, or they may have been replaced by other conditions.

Suspected Rx/Condition	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
Central Nervous System, low	Assessed	ICD-10	G62.9 POLYNEUROPATHY UNSPECIFIED	<input type="checkbox"/>	<input type="checkbox"/>
Gastro, low	Persistence Gap	ICD-10	R16.0 HEPATOMEGALY NEC	<input type="checkbox"/>	<input type="checkbox"/>
Hematological, very high	Assessed	ICD-10	D57.00 HB-SS DISEASE WITH CRISIS UNS	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic, high	Assessed	ICD-10	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	<input type="checkbox"/>	<input type="checkbox"/>
Malignancies	Assessed	NDC	49884072401 HYDROXYUREA CAP 500MG	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric, medium low	Persistence Gap	ICD-10	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary, medium	Persistence Gap	ICD-10	J96.01 ACUTE RESPIRATORY FAIL W/HYPOXIA	<input type="checkbox"/>	<input type="checkbox"/>
Skeletal, low	Assessed	ICD-10	M81.0 AGE-REL OSTEOPOR W/O CURR PATH FX	<input type="checkbox"/>	<input type="checkbox"/>

Persistence = DX Code(s) have appeared in prior claims Predictive = Possible condition(s) based on prior claims

Care Guidance

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your Care Gap Report.

Measure	Sub Measure	Anchor Date	Compliant Indicator	Condition Reviewed
ADULT BMI ASSESSMENT	ADULT BMI ASSESSMENT	12/31/2019	Y	<input type="checkbox"/>
ADULTS ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES	TOTAL	12/31/2019	Y	<input type="checkbox"/>
CERVICAL CANCER SCREENING	CERVICAL CANCER SCREENING	12/31/2019	N	<input type="checkbox"/>
MEDICATION RECONCILIATION POST-DISCHARGE	TOTAL	7/5/2019	N	<input type="checkbox"/>
ANNUAL WELLNESS VISIT CENT	ANNUAL WELLNESS VISIT CENT	12/31/2019	N	<input type="checkbox"/>

Telehealth Guidance

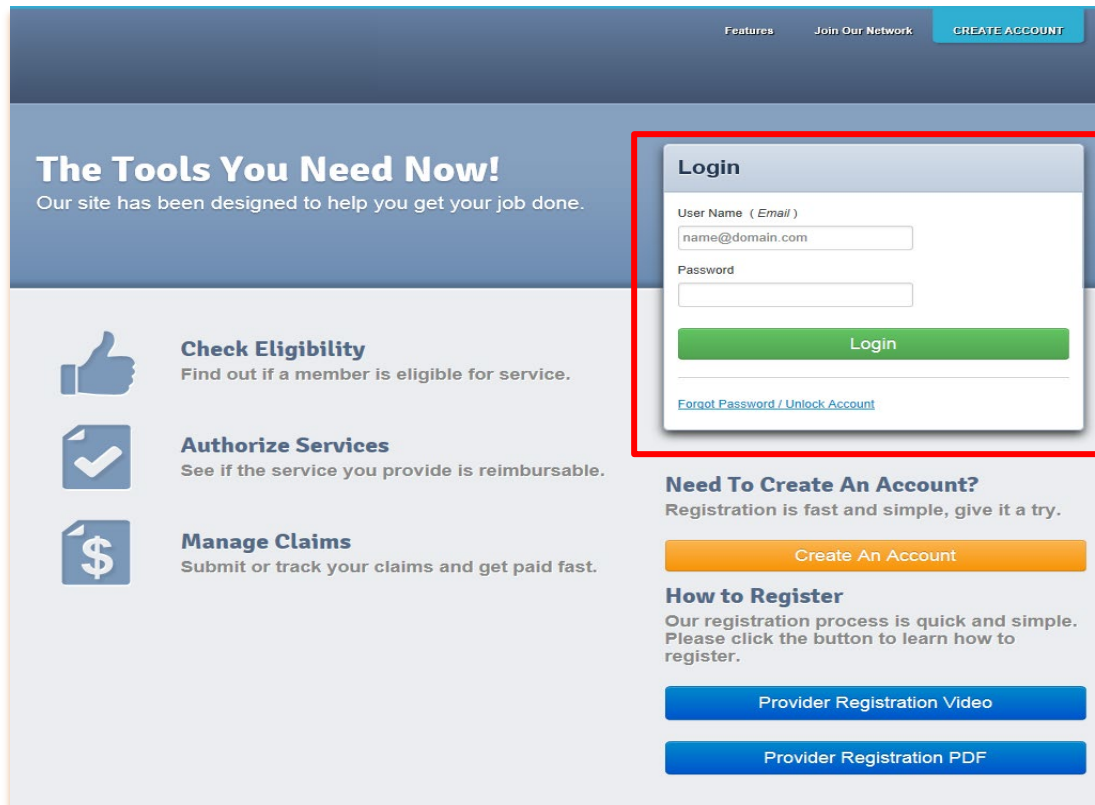


- Telehealth services that are furnished using interactive, audio/video, real-time communication technology are acceptable for the Continuity of Care program.
- Annual Wellness Visits can still be performed.
- The E/M level selection furnished via telehealth can be based on Medical Decision Making (MDM) or time, with time defined as all of the time associated with the E/M on the day of the encounter.
- Medicare does not offer clear guidance and relies on health care providers to serve their patients in good faith when utilizing technology through audio and video communication to deliver care.
- Marketplace members can be seen using audio only telehealth visits.

Note: Providers should reference CMS Telehealth Services document for further requirements when performing telehealth services.

Accessing the Secure Provider Portal

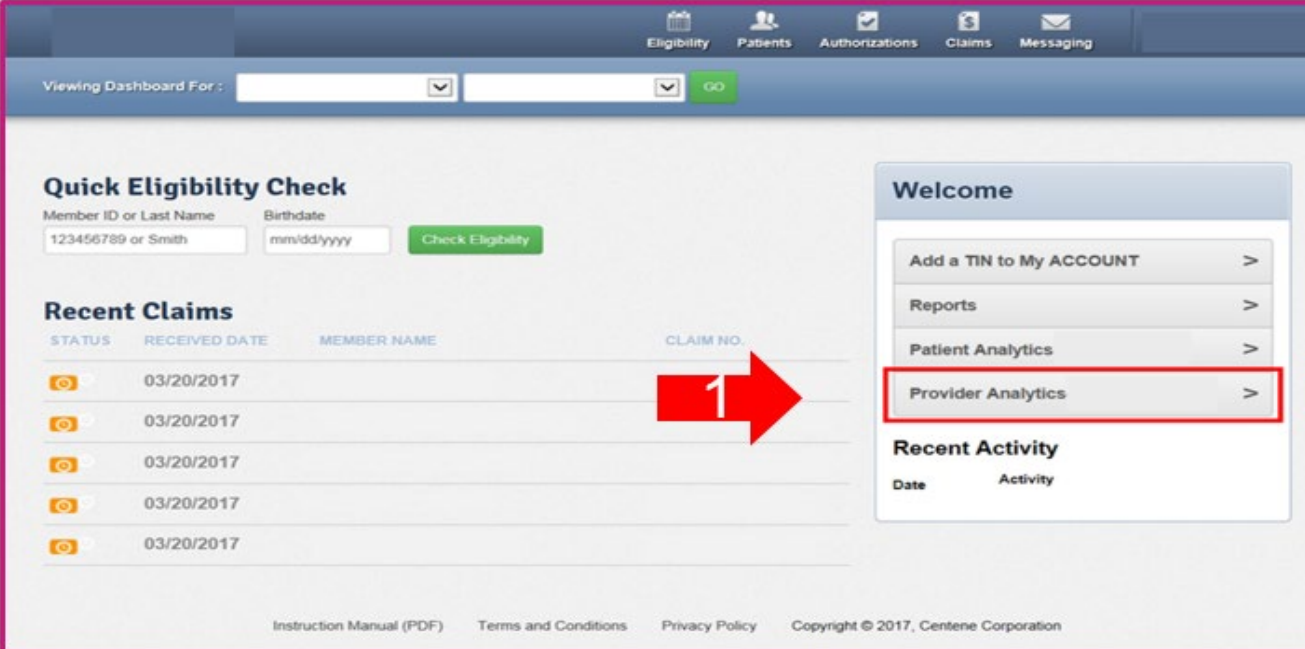
Ready to Login



The screenshot shows the website's navigation bar with links for "Features", "Join Our Network", and "CREATE ACCOUNT". Below this is a banner titled "The Tools You Need Now!" with the subtext "Our site has been designed to help you get your job done." The main content area is divided into three columns. The left column contains three service tiles: "Check Eligibility" (with a thumbs-up icon), "Authorize Services" (with a checkmark icon), and "Manage Claims" (with a dollar sign icon). The middle column features a "Login" form highlighted with a red border, containing fields for "User Name (Email)" (pre-filled with "name@domain.com") and "Password", a green "Login" button, and a link for "Forgot Password / Unlock Account". The right column includes a "Need To Create An Account?" section with an orange "Create An Account" button, and a "How to Register" section with two blue buttons: "Provider Registration Video" and "Provider Registration PDF".

Navigating to Provider Analytics

From the Provider Portal click on the ***Provider Analytics*** link to be directed to the landing page.



The screenshot shows the Provider Portal dashboard. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below these is a search bar for the dashboard. The main content area is divided into several sections:

- Quick Eligibility Check:** A form with fields for Member ID or Last Name (123456789 or Smith) and Birthdate (mm/dd/yyyy), and a green Check Eligibility button.
- Recent Claims:** A table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. A red arrow with the number '1' points to the CLAIM NO. column.
- Welcome:** A sidebar menu with the following items:
 - Add a TIN to My ACCOUNT >
 - Reports >
 - Patient Analytics >
 - Provider Analytics >** (highlighted with a red box)
- Recent Activity:** A section with columns for Date and Activity.

At the bottom of the dashboard, there are links for Instruction Manual (PDF), Terms and Conditions, Privacy Policy, and Copyright © 2017, Centene Corporation.

Portal Navigation



Select CoC - Appointment Agenda

A screenshot of the "Provider Analytics" portal navigation menu. The menu is dark-themed with a light-colored header. The header contains the title "Provider Analytics" and a notification bell icon. Below the header, there are three main sections: "Supplemental Reports", "P4P and Quality Reporting", and "Dashboards". The "P4P and Quality Reporting" section is highlighted with a red box around the "CoC - Appointment Agenda" link. The "Resources" section is also visible in the top right corner.

Provider Analytics

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

COVID-19 Detail	02-01-2021
Daily IP & Discharge	02-04-2021 ...
Weekly Med Claims	01-31-2021 ...
Weekly Rx Claims	01-31-2021 ...

Reference Materials

- Data Dictionary

P4P and Quality Reporting

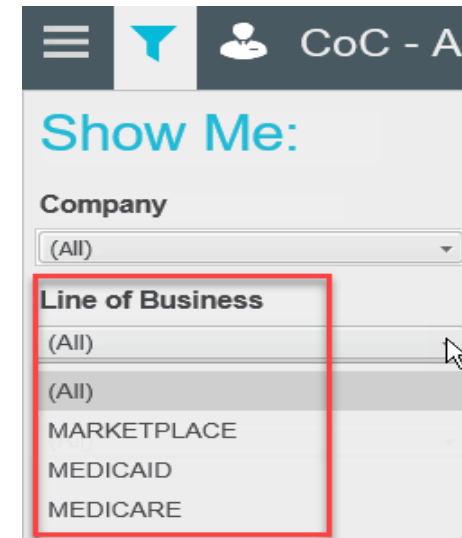
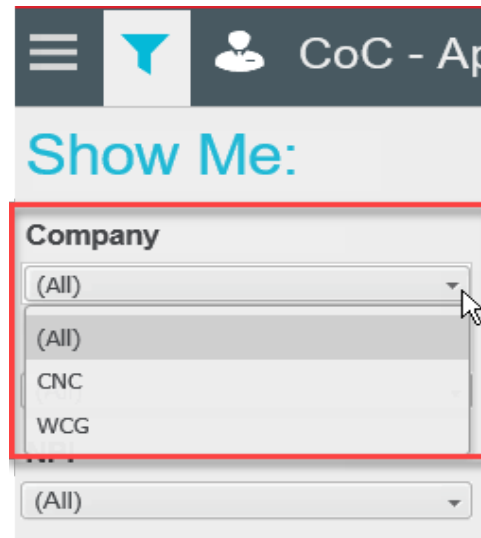
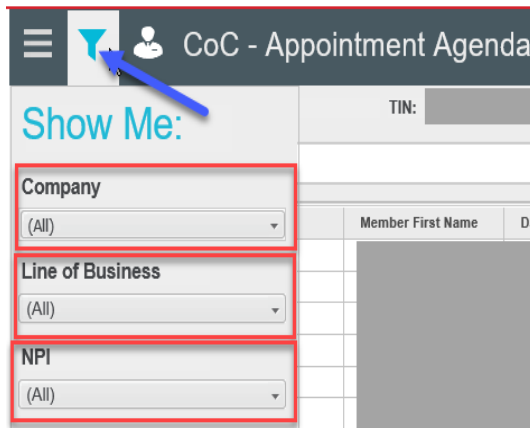
- Quality
- 2020 MEDICAID P4P SCORECARD
- 2020 AMBETTER P4P SCORECARD
- 2020 ALLWELL P4P SCORECARD
- P4P Payment History
- P4Q - Appointment Agenda
- CoC - Appointment Agenda**

Dashboards

- Summary
- Cost Utilization/Services

Continuity of Care Portal Navigation

Utilize the Filter Feature to narrow your search options



Continuity of Care Portal Navigation

CoC - Appointment Agenda

Coded Thru Claims as of: 4/30/2020

Member ID column will contain either MKP or MCR ID Number.

Member:

NPI: ALL

Appointment Agendas

Export List TIN NPI Member

Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Assessed	Unassessed	Assessed %
0991637186	SMITH	BOB	1/1/2019	1497775316	5	3	62.5%
U9240617801	EVANS	CHARLES	1/12/1960	1497775316	5	1	83.3%
U9272826801	WOMBLE	FRANKIE	11/19/1959	1497775316	5	0	100.0%
9438858806	SMITH	BOB	1/1/2019	1053638551	4	1	80.0%
U9032448401	SMITH	BOB	1/1/2019	1497775316	4	3	57.1%
7462108933	SMITH	BOB	1/1/2019	1497775316	3	6	33.3%
8145143624	MONROE	SHEILA L	12/25/1991	1497775316	3	2	60.0%
R146799132	SMITH	BOB	1/1/2019	1497775316	3	4	42.9%

NPI:

Member:

Assessable

Disease Condition	Diagnosis	Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro_low	R16.0 HEPATOMEGALY NEC	Assessed 07/05/2019 05/14/2020	Light Green	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological_very_high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims 02/19/2020 05/14/2020	Dark Green	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims 03/24/2020	Dark Green	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic_high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims 02/20/2020	Dark Green	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric_medium_low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed 10/24/2018	Yellow	<input type="checkbox"/>	<input type="checkbox"/>

Member Status:
Dark Green: Completed
Light Green: Claim in Process
Yellow: Not Completed

All data shown here is for illustrative purposes only. No actual PHI data is presented.

Continuity of Care Portal Navigation



Users can export their list to excel.

The info button is a drop-down menu containing links to FAQ on program rules and potentially detailed lists of diagnosis codes under each disease condition

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

CoC - Appointment Agenda

Coded Thru Claims as of: 4/30/2020 LOB: ALL NPI: ALL

Member:

Appointment Agendas

Export List TIN NPI Member

Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Assessed	Unassessed	Assessed %
0991637186	SMITH	BOB	1/1/2019	1497775316	5	3	62.5%
U9240617801	EVANS	CHARLES	1/12/1960	1497775316	5	1	83.3%
U9272826801	WOMBLE	FRANKIE	11/19/1959	1497775316	5	0	100.0%
9438858806	SMITH	BOB	1/1/2019	1053638551	4	1	80.0%
U9032448401	SMITH	BOB	1/1/2019	1497775316	4	3	57.1%
7462108933	SMITH	BOB	1/1/2019	1497775316	3	6	33.3%
8145143624	MONROE	SHEILA L	12/25/1991	1497775316	3	2	60.0%
8146799132	SMITH	ROB	1/1/2019	1497775316	3	4	42.9%

NPI:

Member: BOB SMITH DOB: Update

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro_low	R16.0 HEPATOMEGALY NEC	Assessed	07/05/2019	05/14/2020	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological_very_high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	02/19/2020	05/14/2020	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	03/24/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic_high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	02/20/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric_medium_low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	10/24/2018		●	<input type="checkbox"/>	<input type="checkbox"/>

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Continuity of Care Portal Navigation



CoC - Appointment Agenda

Coded Thru Claims as of: 4/30/2020 LOB: ALL TIN: NPI: ALL

Member: Appointment Agendas

Export List TIN NPI Member

Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Assessed	Unassessed	Assessed %
0991637186	SMITH	BOB	1/1/2019	1497775316	5	3	62.5%
U9240617801	EVANS	CHARLES	1/12/1960	1497775316	5	1	83.3%
U9272826801	WOMBLE	FRANKIE	11/19/1959	1497775316	5	0	100.0%
9438858806	SMITH	BOB	1/1/2019	1053638551	4	1	80.0%
U9032448401	SMITH	BOB	1/1/2019	1497775316	4	3	57.1%
7462108933	SMITH	BOB	1/1/2019	1497775316	3	6	33.3%
8145143624	MONROE	SHEILA L	12/25/1991	1497775316	3	2	60.0%
8146799132	SMITH	ROR	1/1/2019	1497775316	3	4	42.9%

NPI: Member: BOB SMITH DOB:

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro_low	R16.0 HEPATOMEGALY NEC	Assessed	07/05/2019	05/14/2020	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological_very_high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	02/19/2020	05/14/2020	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	03/24/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic_high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	02/20/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric_medium_low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	10/24/2018		●	<input type="checkbox"/>	<input type="checkbox"/>

Once a box is checked or unchecked, the provider or authorized personnel needs to click "update" to save the updates

Note: If users export to Excel, they still need to go back into the P4Q dashboard to enter any exclusions.

All data shown here is for illustrative purposes only. No actual PHI data is presented.

Continuity of Care Portal Navigation



CoC - Appointment Agenda

Coded Thru Claims as of: 4/30/2020 LOB: ALL TIN: NPI: ALL

Member:

Appointment Agendas

Export List TIN NPI Member

Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Assessed	Unassessed	Assessed %
0991637186	SMITH	BOB	1/1/2019	1497775316	5	3	62
U9240617801	EVANS	CHARLES	1/12/1960	1497775316	5	1	83
U9272826801	WOMBLE	FRANKIE	11/19/1959	1497775316	5	0	100
9438858806	SMITH	BOB	1/1/2019	1053638551	4	1	80
U9032448401	SMITH	BOB	1/1/2019	1497775316	4	3	57
7462108933	SMITH	BOB	1/1/2019	1497775316	3	6	33
8145143624	MONROE	SHEILA L	12/25/1991	1497775316	2	2	60
8146799132	SMITH	ROB	1/1/2019	1497775316	4	4	42.9%

NPI:

Member:

I attest that I am certified to make updates.

*

Enter Name

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro, low	R16.0 HEPATOMEGALY NEC	Assessed	07/05/2019	05/14/2020	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological, very high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	02/19/2020	05/14/2020	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	03/24/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic, high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	02/20/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric, medium low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	10/24/2018		●	<input type="checkbox"/>	<input type="checkbox"/>

Authorized personnel needs to enter their name to attest to the changes.

I attest that I am certified to make updates.

*

Enter Name

All data shown here is for illustrative purposes only. No actual PHI data is presented.

Continuity of Care Portal Navigation



CoC - Appointment Agenda

Coded Thru Claims as of: 4/30/2020 LOB: ALL TIN: NPI: ALL

Member: Appointment Agendas

Export List TIN NPI Member

Member ID	Member Last Name	Member First Name	Date of Birth	NPI	Assessed	Unassessed	Assessed %
0991637186	SMITH	BOB	1/1/2019	1497775316	5	3	62.5%
U9240617801	EVANS	CHARLES	1/12/1960	1497775316	5	1	83.3%
U9272826801	WOMBLE	FRANKIE	11/19/1959	1497775316	5	0	100.0%
9438858806	SMITH	BOB	1/1/2019	1053638551	4	1	80.0%
U9032448401	SMITH	BOB	1/1/2019	1497775316	4	3	57.1%
7462108933	SMITH	BOB	1/1/2019	1497775316	3	6	33.3%
8145143624	MONROE	SHEILA L	12/25/1991	1497775316	3	2	60.0%
R146799132	SMITH	ROR	1/1/2019	1497775316	3	4	42.9%

NPI:

Member: DOB:

Assessable

Disease Condition	Diagnosis	Assessment Status	DOS	Mod Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro_low	R16.0 HEPATOMEGALY NEC	Assessed	07/05/2019	05/14/2020	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematological_very high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	02/19/2020	05/14/2020	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	03/24/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic_high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	02/20/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric_medium low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	10/24/2018		●	<input type="checkbox"/>	<input type="checkbox"/>

The member's record will now reflect the updated data.

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Continuity of Care Portal Navigation



CoC - Appointment Agenda

Coded Thru Claims as of: 1/28/2021 LOB: ALL TIN: [] NPI: ALL

Member: [Search] Member List: [Excel] Appointment Agendas: [TIN] [NPI] [Member]

Member ID	Member Last Name	Member First Name	Date of Birth	Med Rec Ind	NPI	Assessed	Unassessed	Assessed %
				Y		0	11	0.0%
				N		1	11	8.3%
				N		0	10	0.0%
				Y		0	10	0.0%
				N		1	10	9.1%
				N		1	10	9.1%
				N		2	10	16.7%
				N		3	10	23.1%

Select a Member to see detail

Select the Member ID hyper-link to see Appointment Agenda information populate in this section (see next page)

New in 2021 the "Med Rec Ind" is the Medical Record Indicator:
Y = We will accept a CPE
N - We will not accept a CPE

Education Requests

**Would you like training for you and your staff on
this program?**

Submit your requests to:

RiskAdjustment@arhealthwellness.com

or

Contact your assigned Risk Adjustment Specialist

Coding and Documentation



Medical records may be requested to support data received via claims, on the Appointment Agendas and/or entered into the Provider Analytic tool.

Coding & Documentation Tips



- Document & Code all conditions present at time of encounter
- Utilize M.E.A.T guidelines to validate active conditions.
 - Monitor
 - Evaluate
 - Assess and Address
 - Treat
- Code to the highest specificity for all conditions and support with proper medical record documentation.
 - Diabetes vs. Diabetes with Complications
- Active chronic conditions should be coded and documented as active & conditions that no longer exist should not have a code on claim.

Note: *Additional Coding Tip Sheets can be found on the Arkansas Health & Wellness Provider Resource Page.*

Continuity of Care Best Practices



- Engage with your assigned RA Specialist.
- Utilize the Secure Provider Tool to access your data and to submit agendas electronically.
 - Assign resource(s) to oversee program and coordinate with health plan.
- Start now and earn the Early Submitter Bonus.
 - Promptly return the completed Agenda and/or CPE after member has been assessed (DOS 1/1/21-5/31/21; Agenda returned by 6/30/21).
- Schedule member for AWW if they have not had this year to earn an additional \$100.
- Incorporate the diagnosis information from the agenda in your workflow to ensure provider has during encounter.
- Include all active ICD-10 diagnosis on the claim and document in medical record.
- Promptly file your claims.

Sherrill Montgomery
Risk Adjustment Manager
Sherrill.S.Montgomery@Centene.com

Haley Hicks
Risk Adjustment Coding Analyst
Haley.M.Hicks@Centene.com

Karyn Langley
Risk Adjustment Project Manager
Karyn.Langley@Centene.com

