



**2021**

# Continuity of Care Program

(FORMERLY PARTNERSHIP FOR QUALITY)

Program Starts Feb. 2021



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We're Here to Help

Call Provider Services at **1-877-687-1180**

# Continuity of Care Program

Ambetter from Peach State Health Plan (“Ambetter”) is committed to supporting your efforts to provide the highest quality of care for our members. We are excited to announce that effective Feb. 2021, Ambetter from Peach State Health Plan will launch the Continuity of Care (CoC) program (formerly known as Partnership for Quality, or P4Q). Our 2021 Program incorporates Appointment Agendas, HEDIS and Pharmacy measures into one comprehensive program. Ask your health plan representative for additional information on the Quality incentives.

## 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 programs. The program achieves this goal by increasing PCP visibility into members’ existing medical conditions for better quality of care for chronic condition management and prevention. Providers earn incentive payments for proactively coordinating preventive medicine and thoroughly addressing all of the patients’ current conditions to improve health and providing appropriate clinical quality of care. Our members benefit from this program by receiving more regular and proactive assessments and chronic condition care. Please note, the CoC program is in addition to your current Ambetter P4P program and does not replace it.

Provider is eligible for a bonus for each completed Appointment Agenda (Disease Conditions/Continuity of Care portion only) with verified/documented diagnoses.

## 2021 PROGRAM YEAR: DATES OF SERVICE JAN. 1, 2021 - DEC. 31, 2021

Percent of Appointment Agendas Completed	Bonus Amount Per Paid Appointment Agenda
<50%	\$100
>50% to <80%	\$200
>80%	\$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.
- Documentation of the Comprehensive Exam should include:
  - Patient name, date of birth and date of service (DOS) on each page
  - History
  - Physical examination
  - All active and co-existing conditions should be assessed and documented
  - Treatment
  - Provider name, signature, credentials and date signed must be present.

For the full list of criteria, please see the 2021 Comprehensive Exam Requirements document included in this communication.



## Submit Documentation

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

- Log into the CoC dashboard through our Secure Provider Portal at [ambetter.pshpgeorgia.com](http://ambetter.pshpgeorgia.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 health plan's request.
  - For member movement, speak with your Provider Representative.
- **Assessed member is defined as 100% of the gaps are addressed.**
  - Gap addressed by submitting diagnosis code on medical claim OR
  - Gap addressed by checked exclusion box in dashboard.
    - The health plan will monitor provider exclusion boxes that are checked on a consistent basis.
  - The provider has submitted 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, and/or a Comprehensive Exam Medical Record via fax to 813-464-8879 or securely email to [agenda@centene.com](mailto:agenda@centene.com), and 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.

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Ambetter will manage the bonus calculation, reconciliation and payment processing.

Thank you for being our partner in our members' care. If you have additional questions, please contact Provider Services at 1-877-687-180.



## Summary

CoC Providers can potentially earn bonus payments in calendar year 2021 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/Ambetter claim administration process.

### Instructions

The measurement period is Jan. 1, 2021 - Dec. 31, 2021.

- 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 LOGIN 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.
  - You can also sign, date and submit a Comprehensive Exam Medical Record.
  - Fax completed forms to 813-464-8879 or securely email to [agenda@centene.com](mailto: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, Ambetter will verify diagnoses were submitted and documented appropriately.

## Payment Process & Timelines



Payments will begin after the second quarter of 2021 is completed and processed and will continue throughout 2022.

- All claims/encounters must be submitted by Jan. 31, 2022, to be used in calculating the final payment.
- Ambetter may request medical records if unable to verify information using claim/ encounter data.

## ***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 Ambetter, 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 Ambetter.
- 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 Ambetter bonus program in which you may participate. At Ambetter's discretion, CoC providers who have a contractual or other bonus arrangement with Ambetter, either directly or through an IPA/group, may be excluded from participation in the CoC program.
- 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 Ambetter. The CoC provider agrees that Ambetter or any state or federal agency may audit the records and information.
- The program is discretionary and subject to modification because of changes in government healthcare programs or otherwise. Ambetter will determine whether the requirements are satisfied and payments will be made solely at Ambetter's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, Ambetter will send a notice to the CoC provider by email or other means of notice permitted under the participation agreement.
- Ambetter 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 Ambetter determines a CoC provider has an overpayment, Ambetter may offset any bonus payment that may have otherwise been paid to the CoC provider against overpayment.
- Ambetter 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. The 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 a CoC provider may receive if CoC requirements are met.



### **EFFECTIVE DATE**

Program starts Feb. 2021, for dates of service Jan. 1, 2021 - Dec. 31, 2021.



### **ELIGIBLE MEMBER**

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



### **COC PROVIDER**

A primary care physician (PCP), group or Independent Practice Association (IPA) who has a contract with Ambetter and receives this program information guide.



The items below must be part of the medical record to meet the requirements. Use the Appointment Agenda as a reference to ensure active and coexisting conditions are documented and assessed.



**Patient's name and date of birth** must be on all pages



**Date of service** must be on all pages



## **History**

- Chief complaint
- History of present illness
- Review of Systems (ROS)
- Past medical, family and social history



## **Physical examination**

- Height, weight, BMI, blood pressure
- Amputations, ulcers, dialysis shunt, temporary/permanent stomas, abnormal findings and/or functional deficits should be noted on the physical exam



## **Assessment**

- Assess all known conditions, including chronic conditions, which affect the care and treatment of the patient



## **Treatment**

- Document the initiation of or changes in treatment, which can include:
  - Medication: statins, insulin, chemo, radiation, ACE/ARBs, DMARD for RA, etc., linked to diagnoses
  - Patient instructions
  - Therapy
  - Referral: specialist, mammogram, eye exam, colonoscopy, etc.
  - Review and summarize
  - Diagnostic, radiology, pathology results, etc.



**Provider name, signature, credentials and date signed** must be present



## 2021 Comprehensive Exam Requirements (continued)

Please address the following with members as needed:



### Quality measures

- Diabetic patients:
  - Calculated HbA1C (value and date)
  - Monitoring for nephropathy
  - Dilated retinal eye exam
- Depression screening
- Colorectal cancer screening
- Breast cancer screening
- Functional status assessment – review of ADL and IADL; cognitive status, ambulation status, hearing/vision/speech or other functional independence (exercise, ability to perform job, etc.)

### IMPORTANT CONTACT INFORMATION

*For a member with an Appointment Agenda and Comprehensive Exam Medical Record, submit by:*



FAX **813-464-8879**



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