



arkansas
health & wellness™

Continuity of Care Provider Program

(formerly Partnership for Quality/P4Q)

Disclaimer

- ▶ Arkansas Health & Wellness has produced this material as an informational reference for providers furnishing services in our contract network. Arkansas Health & Wellness employees, agents, and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.
- ▶ The presentation is a general summary that explains certain aspects of the program but is not a legal document.
- ▶ Although every reasonable effort has been made to ensure the accuracy of the information within these pages at the time of publication, the program is constantly changing, and it is the responsibility of each provider to remain abreast of the program requirements. Any regulations, policies, and/or guidelines cited in this publication are subject to change without further notice.
- ▶ All Current Procedural Terminology (CPT) are copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable Federal Acquisition Regulation (FARS/DFARS) restrictions apply to government use. The AMA assumes no liability for data contained or not contained herein.

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 (HCCs)?

HCCs 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 (CoC)?

- ▶ Continuity of Care is a Provider Engagement program incentivizing providers incrementally for their work on addressing chronic conditions to improve the health of your members and provide appropriate clinical quality care.
- ▶ AHW pays INCENTIVES for completed and verified Provider Appointment Agendas and/or submission of Comprehensive Exam medical record.
- ▶ Appointment Agendas serve as a valuable tool that provides offices with insight into historical diagnosis data and clinical services as an aid to assist providers in assessing their members' chronic conditions that are required to be reported annually by CMS.
- ▶ Providers can enter relevant documentation in the Arkansas Health & Wellness Secure Provider Portal under the "Provider Analytics" section.
- ▶ Measurement Period is from January 1, 2023–December 31, 2023

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 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 throughout the program year.
- ▶ 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 2023 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.

2023 Medicare Bonus Increase

Medicare Bonus Increase

We are offering an additional \$100 for completing valid office or telehealth visit on Medicare members with a 2023 date of service, and an Appointment Agenda with active diagnosis verified on the claim.

2023 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 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 HEDISTM

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 PROACTIVELY.
- ▶ Document care and diagnosis in the medical record following coding and documentation guidelines
- ▶ Submit the claim using the correct ICD-10, CPT®, CPT II, or NDC codes within timely filing period.
- ▶ 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.

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.


5/14/2020 2:47:54 PM

SMITH, BOB 0991637186 Member Phone : (314) 555-5555
Member DOB : 1/1/2019
TIN Name : AGAPE COMMUNITY HEALTH C
Provider Name and ID : GLORIOSA REYNA ANTIPORDA 1497775316
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	Persistency 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	Persistency Gap	ICD-10	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary, medium	Persistency 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"/>

Persistency - 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"/>

Continuity of Care Appointment Agenda

2. Care Guidance

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPT II, 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 when submitting paper agenda.


5/14/2020 2:47:54 PM

SMITH, BOB 0991637186 Member Phone : (314) 555-5555
Member DOB : 1/1/2019
TIN Name : AGAPE COMMUNITY HEALTH C
Provider Name and ID : GLORIOSA REYNA ANTIPORDA 1497775316
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	Persistency 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	Persistency Gap	ICD-10	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary, medium	Persistency 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"/>

Persistency - 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"/>

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

Note: Any CPE submitted not meeting all requirements will not be accepted or eligible for incentive.

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. Guidelines subject to change per CMS.

2023 Continuity of Care Submission Methods

- ▶ Continuity of Care Dashboard on the Secure Provider Portal
- ▶ Fax completed Agenda or Comprehensive Exam Medical Record to 1-813-464-8879. Retain a copy of all faxed agendas.
- ▶ Securely email completed Agenda or Comprehensive Exam medical record to Agenda@wellcare.com or Agenda@centene.com Retain a copy of all faxed agendas.
- ▶ Secure Active Diagnosis File to RAPSAActiveDX@Wellcare.com Completed Appointment Agenda required. (Risk Adjustment Only)
- ▶ EMR Flat File (Completed Appointed Agenda Required) Risk Adjustment and Quality
- ▶ Bi-Directional Feed using third party vendor
- ▶ RX Effect (Medicare Line of Business Only)
- ▶ Contact your Assigned Risk Adjustment Specialist for alternate options

BiDirectional Feed — Healow

Why healow Insights?



May improve compliance with quality reporting and care gaps closure



Reduce practice interruptions/overhead costs & time



Practice dashboard for visibility and tracking



No cost to your practice

How it works.



healow Insights is an integrated, cloud-based solution that facilitates the bidirectional exchange of clinical records and discrete EHR data between providers and payers, for the purposes of quality compliance and meeting chart-pull requirements.

Payers are able to submit supplemental data and chart requests directly through a secure online portal or API, eliminating the need for payers to request direct access to the practice's EMR.

Our solution is secure and offers complete transparency. This service is provided at no cost to practices, and helps providers and payers in their transition to value-based care. All practices need to do is opt in.

Integrated cloud- based solution for exchange of clinical records and discreet EHR data.

BiDirectional Feed — Moxe

Actionable insights at the point of care to streamline clinical data exchange.

EMR Capability:

- ▶ Epic
- ▶ Meditech
- ▶ Allscripts
- ▶ Cerner

Revolutionizing payer-provider collaboration

Automated clinical data exchange has the power to drive and inform a growing list of payer/provider strategic initiatives.

Moxe helps improve clinical and financial outcomes by enabling secure access to the right data, at the right time, in the right place.



Risk Adjustment



Payment Integrity



Care Management



Revenue Management



Quality Management (HEDIS/Stars)



Regulatory Reporting

© 2021 – Confidential – All rights reserved.





Accessing the Secure Provider Portal

Ready to Login

Features Join Our Network [CREATE ACCOUNT](#)

The Tools You Need Now!

Our site has been designed to help you get your job done.



Check Eligibility
Find out if a member is eligible for service.



Authorize Services
See if the service you provide is reimbursable.



Manage Claims
Submit or track your claims and get paid fast.

Login

User Name (*Email*)

Password

[Login](#)

[Forgot Password / Unlock Account](#)

Need To Create An Account?

Registration is fast and simple, give it a try.

[Create An Account](#)

How to Register

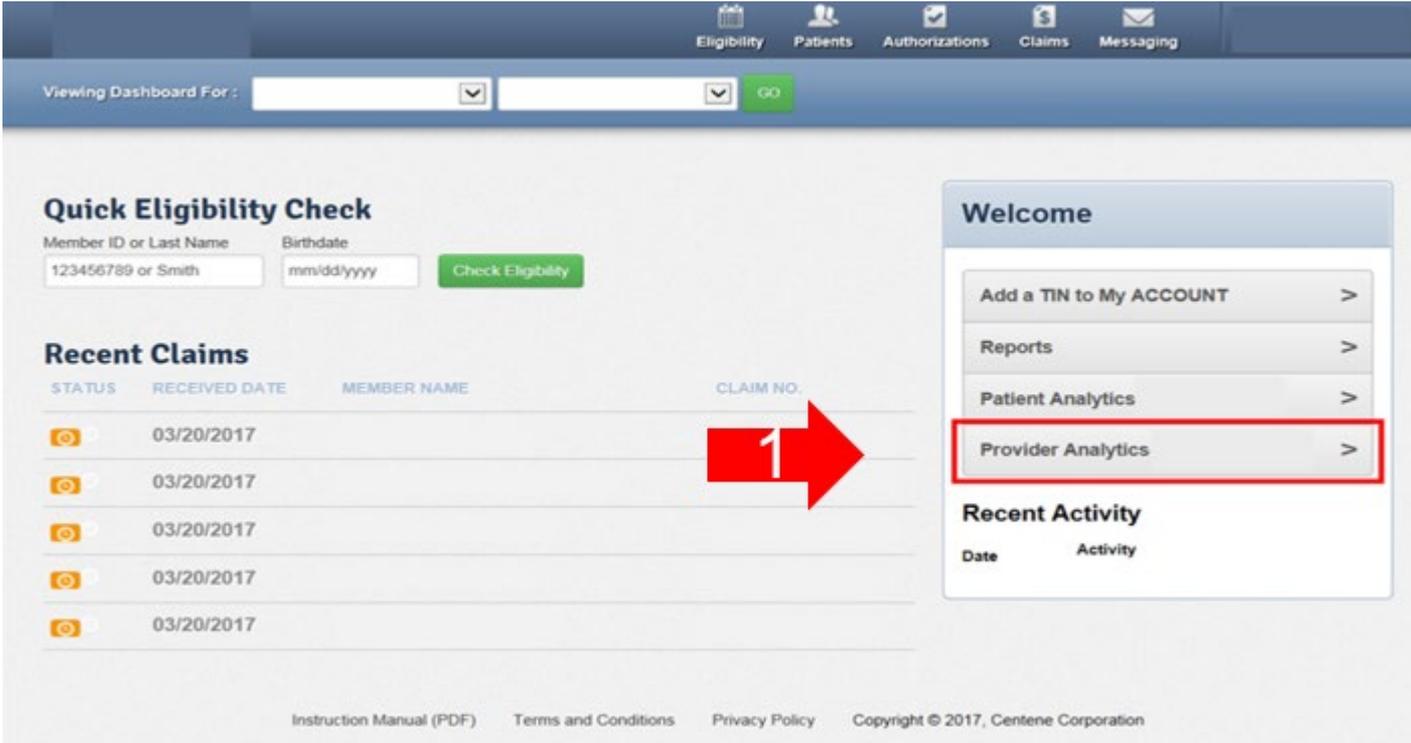
Our registration process is quick and simple. Please click the button to learn how to register.

[Provider Registration Video](#)

[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 links for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar for "Viewing Dashboard For:" with two dropdown menus and a "GO" button. The main content area is divided into two columns. The left column contains a "Quick Eligibility Check" section with input fields for "Member ID or Last Name" (containing "123456789 or Smith") and "Birthdate" (containing "mm/dd/yyyy"), and a "Check Eligibility" button. Below this is a "Recent Claims" section with a table. The right column contains a "Welcome" section with a list of menu items: "Add a TIN to My ACCOUNT", "Reports", "Patient Analytics", and "Provider Analytics". The "Provider Analytics" item is highlighted with a red box. Below the menu is a "Recent Activity" section with columns for "Date" and "Activity". At the bottom of the page, there are links for "Instruction Manual (PDF)", "Terms and Conditions", "Privacy Policy", and "Copyright © 2017, Centene Corporation". A red arrow with the number "1" points from the "Provider Analytics" link in the menu to the "Recent Claims" table.

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	03/20/2017		
	03/20/2017		
	03/20/2017		
	03/20/2017		
	03/20/2017		

Portal Navigation

Select CoC - Appointment Agenda

Provider Analytics 

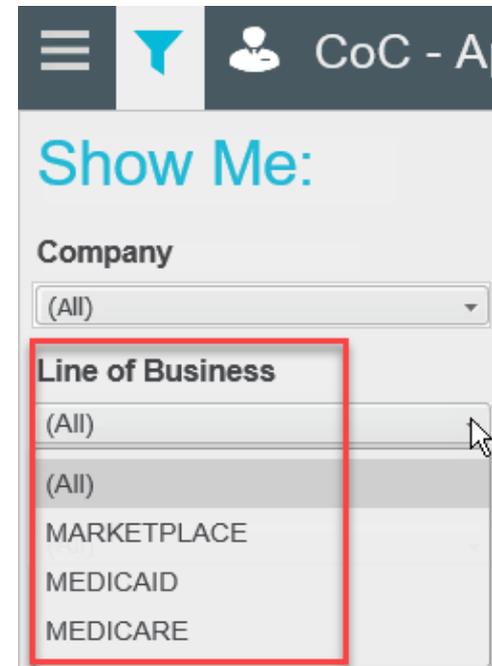
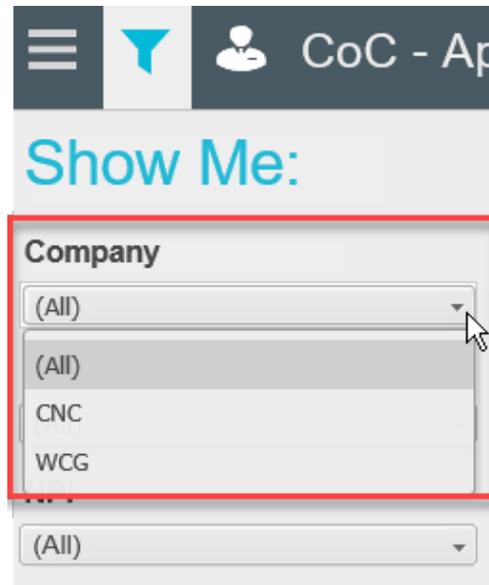
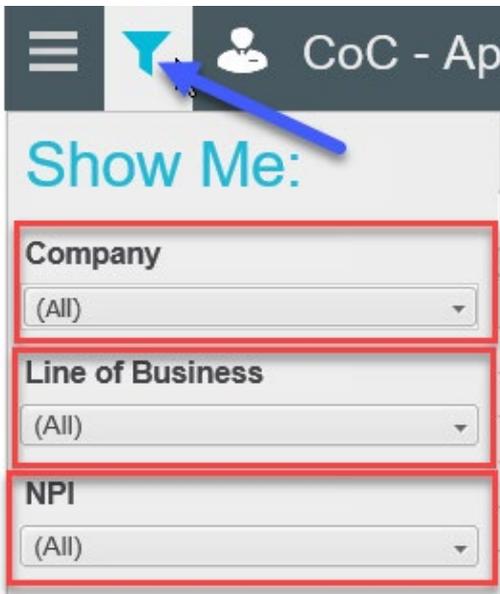
Resources

- 1 Case Study Support Resource
- 2 FAQ
- 1 Tool Navigation Guide

Supplemental Reports	P4P and Quality Reporting	Dashboards
COVID-19 Detail 02-01-2021	Quality	Summary
Daily IP & Discharge 02-04-2021 ...	2020 MEDICAID P4P SCORECARD	Cost Utilization/Services
Weekly Med Claims 01-31-2021 ...	2020 AMBETTER P4P SCORECARD	
Weekly Rx Claims 01-31-2021 ...	2020 ALLWELL P4P SCORECARD	
	P4P Payment History	
	P4Q - Appointment Agenda	
	CoC - Appointment Agenda	
Reference Materials		
Data Dictionary		

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:

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%
R14A799132	SMITH	BOB	1/1/2019	1497775316	3	4	42.9%

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

NPI:

Member:

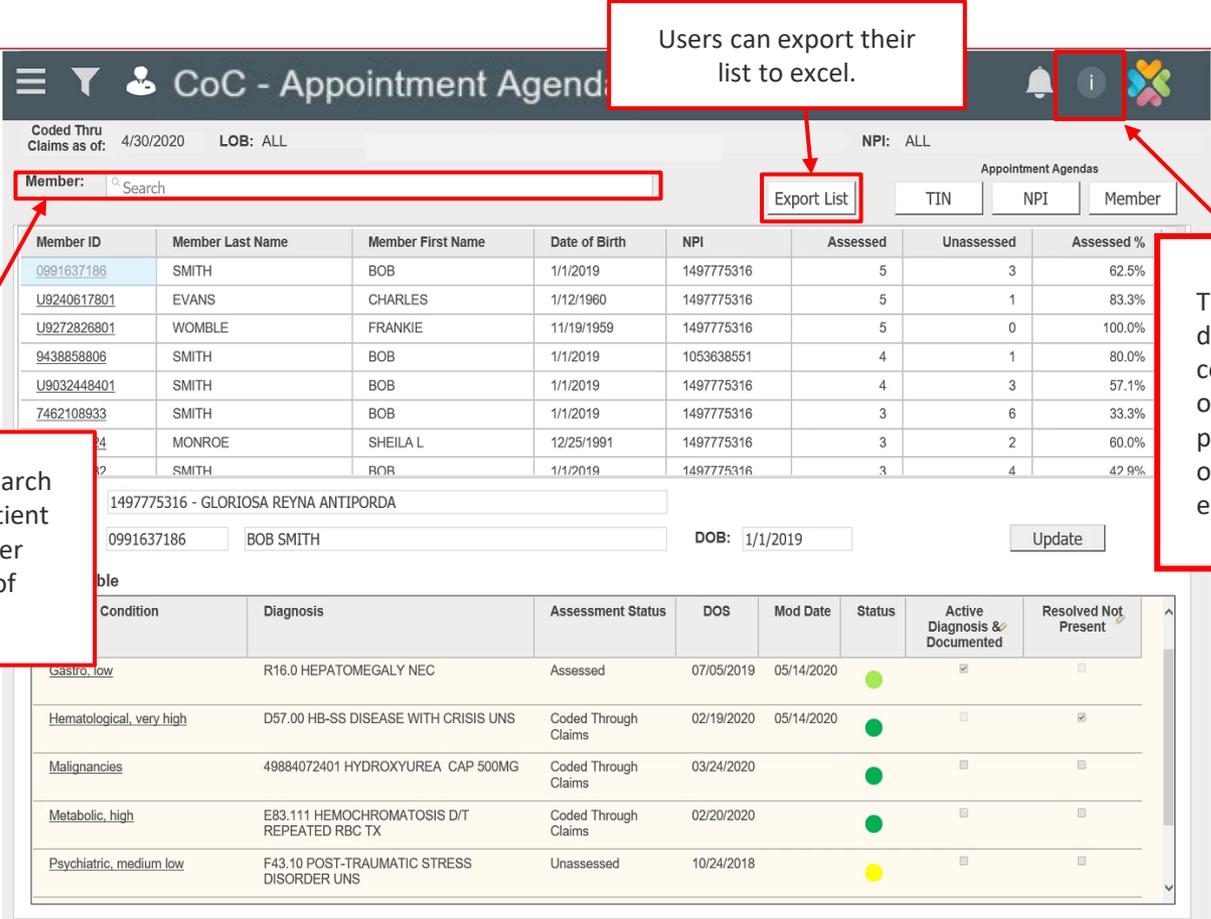
Assessable

Disease Condition	Diagnosis	Date	Status	Active Diagnosis & Documented	Resolved Not Present
Gastro_low	R16.0 HEPATOMEGALY NEC	Assessed 07/05/2019 03/14/2020	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.

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

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.

Member:

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%
24	MONROE	SHEILA L	12/25/1991	1497775316	3	2	60.0%
2	SMITH	ROR	1/1/2019	1497775316	3	4	42.9%

1497775316 - GLORIOSA REYNA ANTIPORDA

0991637186 | BOB SMITH | DOB: 1/1/2019 | Update

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"/>

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%
8146799132	SMITH	BOB	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
<u>Gastro, low</u>	R16.0 HEPATOMEGALY NEC	Assessed	07/05/2019	05/14/2020	●	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Hematological, very high</u>	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	02/19/2020	05/14/2020	●	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Malignancies</u>	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	03/24/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
<u>Metabolic, high</u>	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	02/20/2020		●	<input type="checkbox"/>	<input type="checkbox"/>
<u>Psychiatric, medium low</u>	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.

Update

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: 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	2	2	60.0%
8146799132	SMITH	BOB	1/1/2019	1497775316	4	1	42.9%

NPI:

Member:

Assessable

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

I attest that I am certified to make updates.

* Submit

Enter Name

Update

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

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

Continuity of Care Portal Navigation

☰ 🔍 👤 **CoC - Appointment Agenda** 🔔 ℹ️ 🌈

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%
8146798132	SMITH	ROR	1/1/2019	1497775316	3	4	42.9%

NPI: Member: DOB:

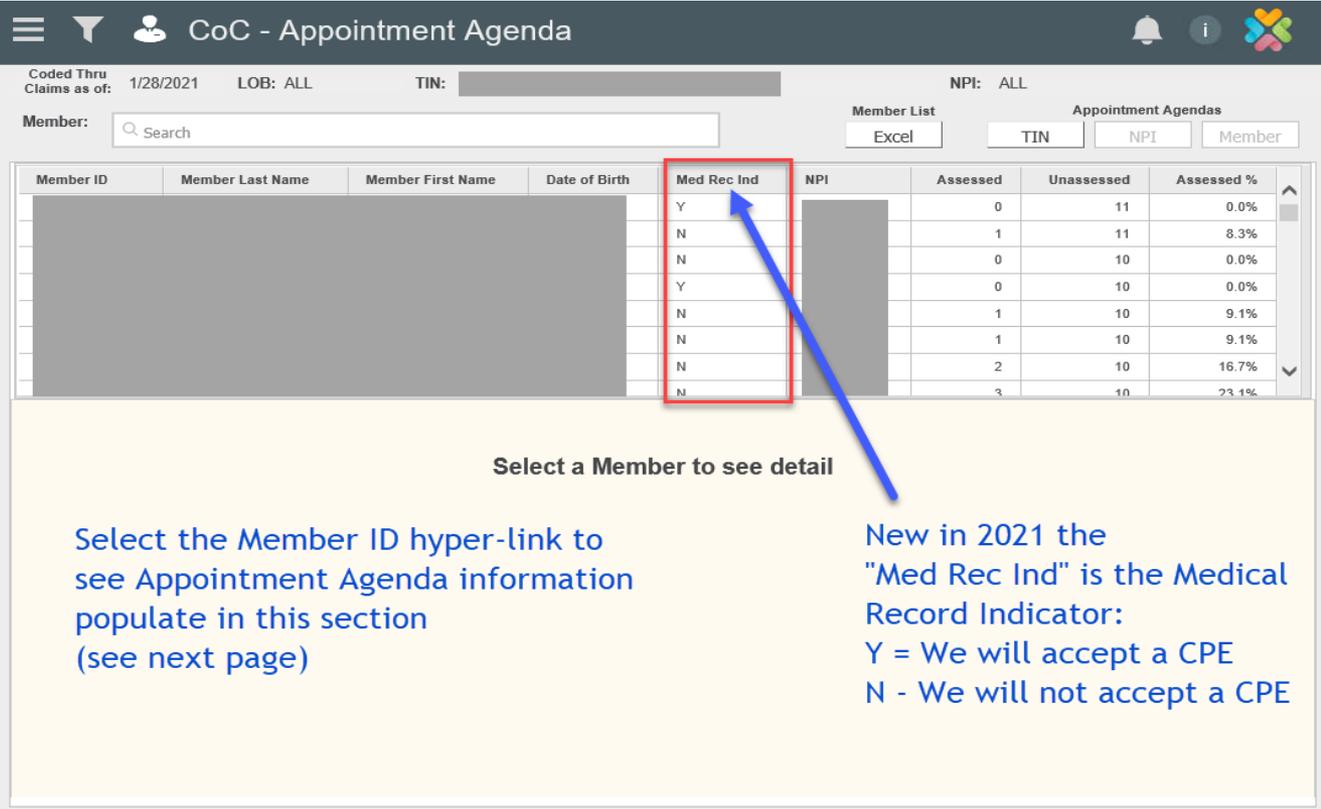
Assessable

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

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: 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.
- ▶ Schedule member for AWV 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.



Questions

Risk Adjustment

RiskAdjustment@ARHealthWellness.com

1-800-294-3557 (TTY: 1-877-617-0392)