



# Continuity of Care Provider Program

(formerly Partnership for Quality/P4Q)

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# Risk Adjustment 101

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## **What is Risk Adjustment?**

CMS-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 and reported diagnoses.

## **What are Hierarchical Conditions Categories (HCCs)?**

HCCs are categories for Medicare and Marketplace that link to corresponding diagnosis categories. CMS determines the qualifying codes and assigns Risk Adjustment factors to HCCs, which can change annually.

## **Why is Risk Adjustment important?**

Risk Adjustment supports health plan efforts to improve health outcomes for members through coding accuracy.

# What is Continuity of Care (CoC)?

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- ▶ Continuity of Care is a provider engagement program aimed at incentivizing providers incrementally for addressing chronic conditions to improve the health of members and provide appropriate clinical quality care through the integration of appointment agenda data into office workflows.
- ▶ Appointment agendas provide offices with insight into historical diagnosis data and clinical services as an aid to assist providers in assessing chronic conditions that are required to be reported annually by CMS.
- ▶ Arkansas Health & Wellness pays incentives for completed and verified provider appointment agendas submitted via the Secure Provider Portal, electronic medical review (EMR), secure email, or secure fax.
- ▶ Measurement Period: January 1, 2024–December 31, 2024

# About the CoC Program

## Targeted lines of business (LOBs)

- ▶ Wellcare (Medicare) — does not replace or duplicate existing programs
- ▶ Ambetter from Arkansas Health & Wellness (Marketplace)
- ▶ Wellcare by Allwell (Medicare)



## Who is included in the program?

- ▶ The program includes members with disease conditions required to be assessed, addressed, and reported annually.
- ▶ Selections are identified at the beginning of the program and are subject to change throughout the program year.
- ▶ Incremental changes due to new members enrolling in the health plan and member attribution changes may contribute to adds, deletes, and changes to appointment agendas during the program year.

# CoC Program Bonus Eligibility

## Bonus Eligibility Requirements

- ▶ Providers must have:
  - Assessed a member with a qualified visit between January 1, 2024, and December 31, 2024
  - Marked 100% of all conditions identified on the agenda as “valid/active” or “resolved/not present” in the electronic portal or on the paper agenda
  - Included all active conditions and corresponding ICD-10 codes on the claim
  - Provided sufficient support for all active conditions with proper medical record documentation using M.E.A.T guidelines
  - Filed the claim within the timely filing period

**2024 program changes: Medical records are no longer accepted for the CoC program.**

# 2024 CoC Provider Bonus Payout

Threshold percentage of appointment agendas completed	<50%	≥50% to <80%	≥80%
Bonus paid per paper appointment agenda submission	\$50	\$100	\$150
Bonus paid per electronic appointment agenda submission	\$100	\$200	\$300
Additional Medicare bonus paid per electronic appointment agenda submission	\$100	\$100	\$100

**MEDICARE ONLY:** For the 2024 program year, an extra \$100 incentive will be paid in addition to the base payment for Medicare electronic submissions. Paper agenda submissions do not qualify for this extra incentive.

# 2024 CoC 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 CoC 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®

# The Appointment Agenda

## Components of an Appointment Agenda

### Health Condition History / Continuity of Care

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 2024 face to face visit and should submit appropriate codes for conditions the Patient is currently presenting.

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

### QR Code

Providers may click on the QR Code or the URL for additional resources and a Provider Facing FAQ document

Agenda ID: \_\_\_\_\_

<Member\_Last\_Name, Member\_First\_Name> <Member ID> \_\_\_\_\_

Member DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Member Phone: \_\_\_\_\_

TIN Name: \_\_\_\_\_ <IPAA ID> \_\_\_\_\_

Provider Name and ID: \_\_\_\_\_ <IPAA Name> \_\_\_\_\_

Provider Address: \_\_\_\_\_

### 2024 Medicare Appointment Agenda A guide to the patient's visit

**Health Condition History and continuity of Care**  
These conditions are based on claims submitted by providers and the member's medical history as of <Month> <Day>, <Year>. Please update diagnoses, as these conditions may no longer exist, their severity may have changed, or other conditions may have replaced them.  
**Disclaimer: Paper submissions take longer to process. For electronic submission, please use the QR code or URL below.**

Suspected Rx/Condition	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved or Not Present
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<input type="checkbox"/>	<input type="checkbox"/>
<HCC Description> <ICD 10 Code (if applicable)>	<type>	<source>	<Diagnosis>	<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	Service Window Start Date	Service Window End Date	Compliant Indicator
<Measure>	<MMDDYYYY>	<MMDDYYYY>	<>
<Measure>	<MMDDYYYY>	<MMDDYYYY>	<>

**For questions on the Appointment Agenda form, please contact your Provider Representative.**

**Please complete form, sign, and send via fax to 1-813-464-8879 or via secure email, agenda@wellcare.com.**  
All current Diagnoses and Care Gaps for 2024 dates of service must be documented in the patient's chart and submitted on claims.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Printed Name: \_\_\_\_\_ Provider Credentials: MD DO PA NP  
(Circle one.)



Through submission of this form, providers attest that the information indicated on this agenda and subsequent claim submissions are accurate based on your assessment during the encounter with member and are appropriately documented in the medical record.

Approval MMDDYYYY  
2531547\_NA3PCARFRME

### Barcode or No Bonus Eligible

Agendas that have “No Bonus Eligible” where the Barcode typically resides in the upper right-hand corner are not eligible for the CoC bonus. Providers may have a Full Risk Arrangement, or the Health Plan may have requested to set to Do Not Pay.

### 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.

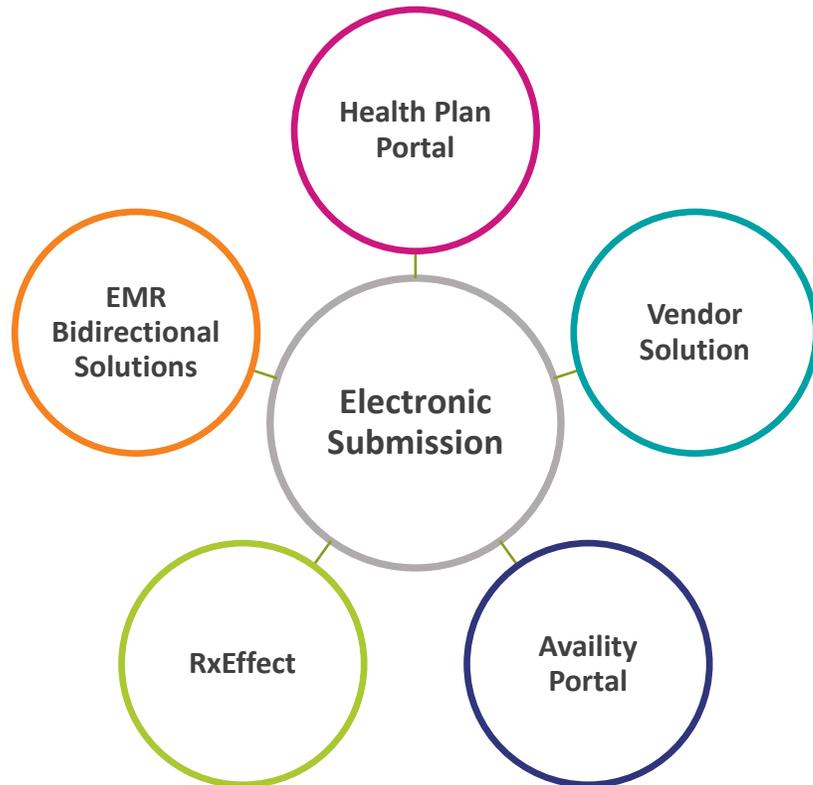
- Providers should submit the Agenda once the Health Condition History / Continuity of Care component is completed in its entirety. They do NOT need to complete the Care Guidance components prior to submitting.

### Signature

The signature component may be completed by a credentialed Provider or the facilitator of the program.

# Electronic Agenda Submission Methods

Ways to submit and appointment agenda electronically



## Electronic Submissions

### Portals

- ▶ Centene (CNC) Provider Portal
  - All Centene LOBs and All Wellcare LOBs when the Provider has an active CNC LOB
- ▶ Wellcare (WCG) Provider Portal
  - Wellcare Medicare and Medicaid Only
- ▶ RxEffect (Expected Live March 2024)
  - Wellcare and Centene Medicare Only
  - Health Condition History / Continuity of Care portion
- ▶ Availity
  - Centene and Wellcare Medicare and Marketplace Only
  - Multi-payor platform

### EMR Bi-Directional Solutions

- ▶ Healow Insights (eCW Users)
- ▶ Athena Moment of Care
- ▶ Epic Payer Platform

### Vendor Solutions (Expected Live March 2024)

*Note: These are maintained separately and outside of the CoC Bonus, as Vendors have their own Bonus structure/payment process*

- ▶ Optum (In-Office Assessment program)
- ▶ Vatica Health

# Ways to Submit a Paper Agenda

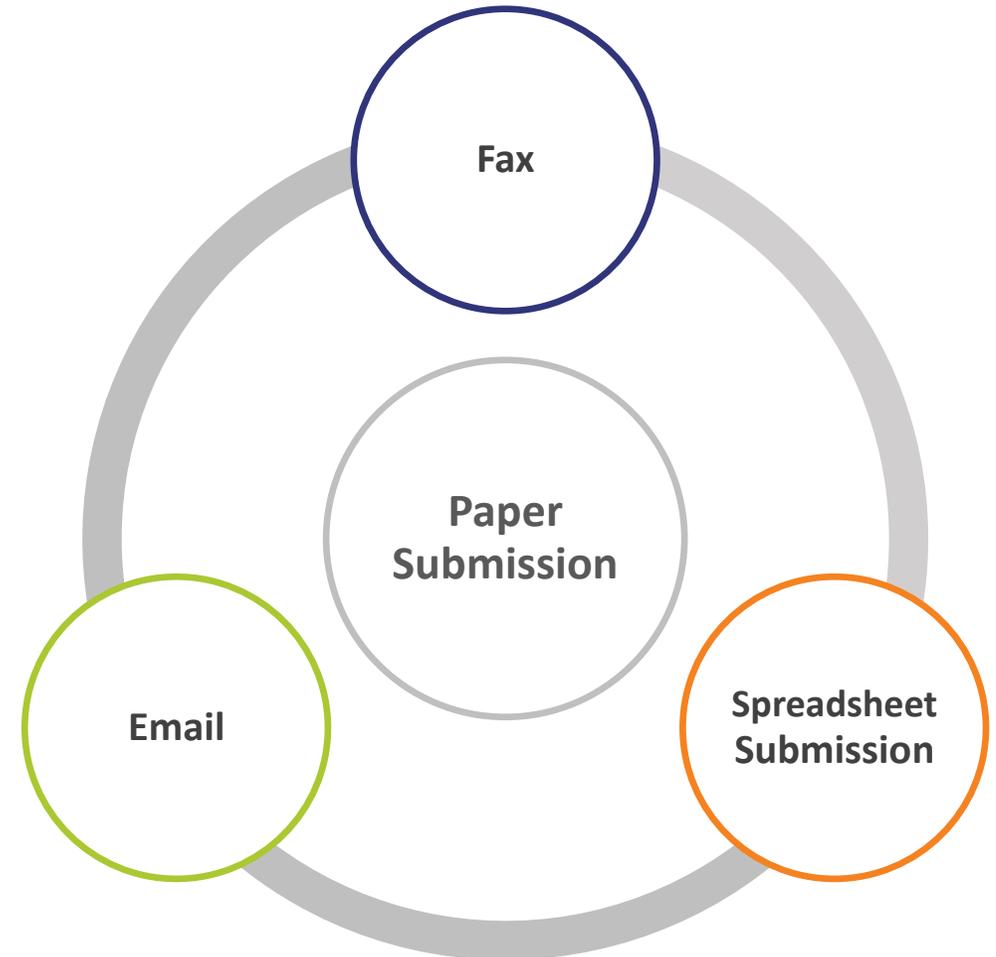
## Paper Submissions

### Fax

- ▶ Fax completed Appointment Agenda to 1-813-464-8879. Please retain copies of all faxed Agendas in case they need to be referenced.

### Email

- ▶ Securely email completed Appointment Agenda to [Agenda@Wellcare.com](mailto:Agenda@Wellcare.com) or [Agenda@centene.com](mailto:Agenda@centene.com)
- ▶ Spreadsheet Submission via secure email. Please review 2024 submission requirements.



# Roles & Responsibilities

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## 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 the timely filing period
- ▶ Utilize the Secure Provider Portal or EMR to electronically submit completed appointment OR print and fax completed agenda to 1-813-464-8879 OR securely email to [agenda@centene.com](mailto:agenda@centene.com) or [agenda@wellcare.com](mailto:agenda@wellcare.com)

# 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

[Forgot Password / Unlock Account](#)

[Login](#)

### Need To Create An Account?

Registration is fast and simple, give it a try.

[Create An Account](#)

### How to Register

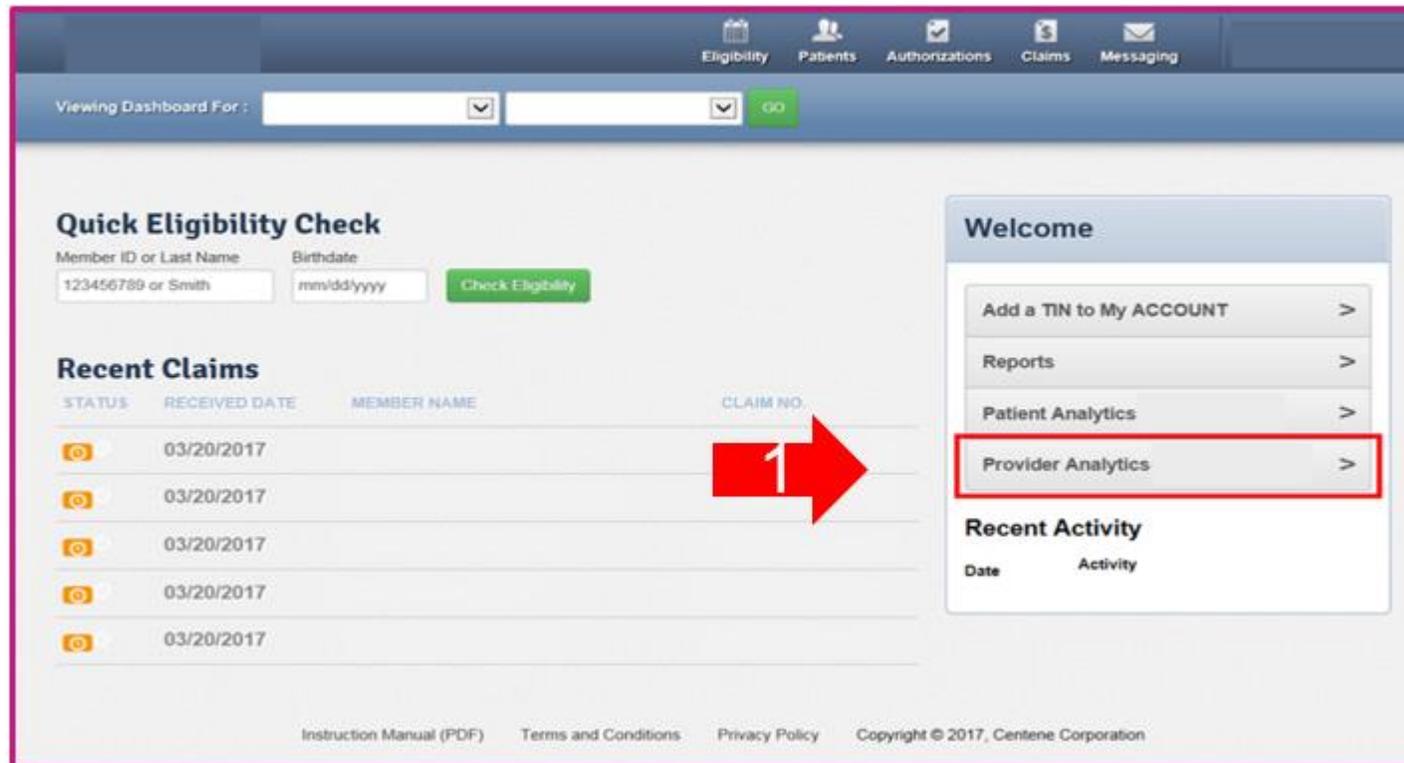
Our registration process is quick and simple. Please click the button to learn how to register.

[Provider Registration Video](#)

[Provider Registration PDF](#)

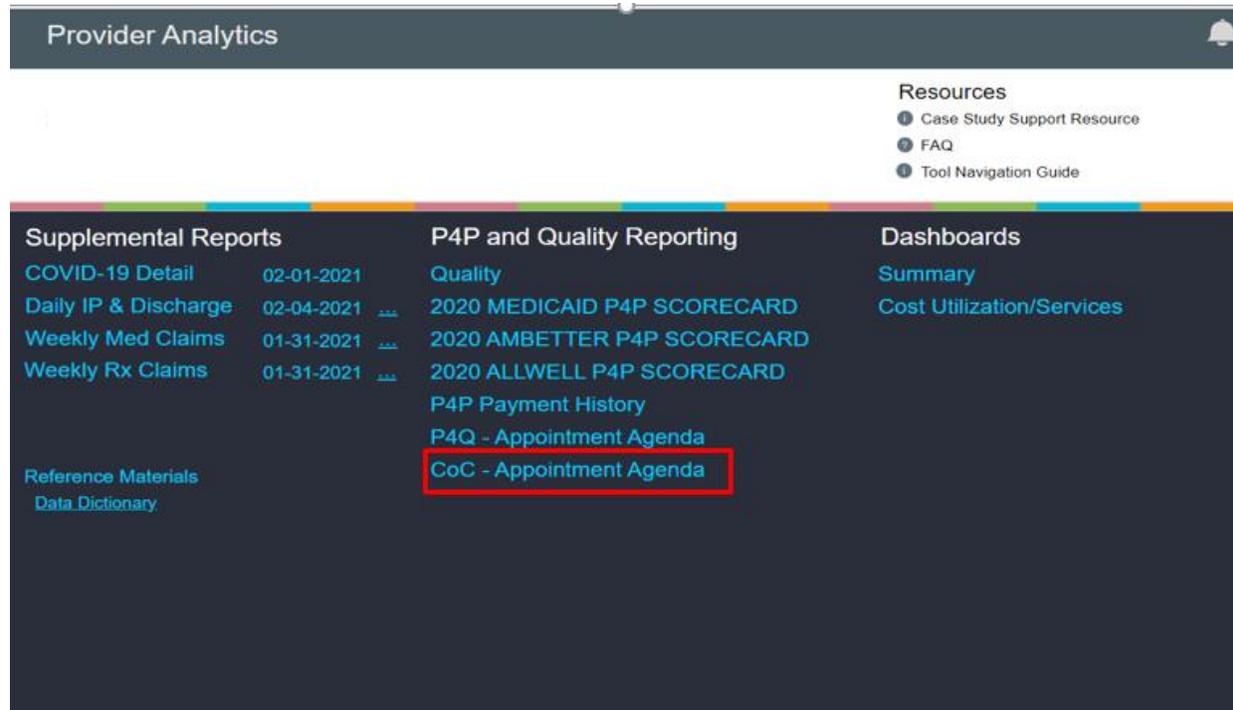
# Navigating to Provider Analytics

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



# Portal Navigation

## Select CoC - Appointment Agenda

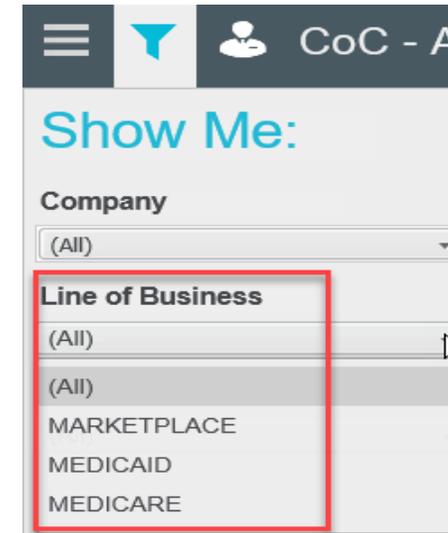
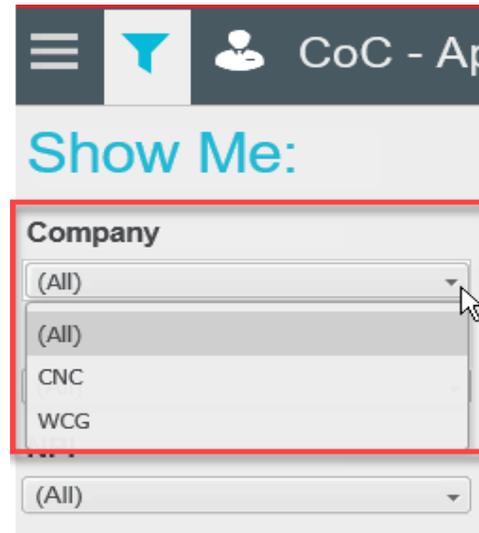
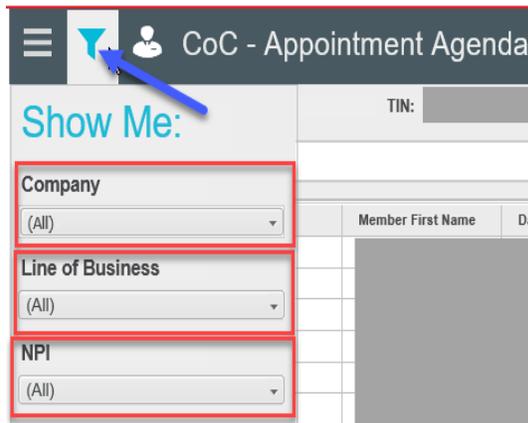


The screenshot shows the 'Provider Analytics' portal navigation menu. The menu is organized into several sections:

- 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** (highlighted with a red box)
- Dashboards**
  - Summary
  - Cost Utilization/Services

# CoC Portal Navigation

Utilize the Filter Feature to narrow your search options.



# CoC Portal Navigation

CoC - Appointment Agenda

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

Member:

Appointment Agendas:

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%
R14R799132	SMITH	ROR	1/1/2019	1497775316	3	4	42.9%

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

NPI:

Assessable

Disease Condition	Diagnosis	Assessed	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"/>
Hematological_very_high	D57.00 HB-SS DISEASE WITH CRISIS UNS	Coded Through Claims	02/19/2020	05/14/2020	●	<input type="checkbox"/>
Malignancies	49884072401 HYDROXYUREA CAP 500MG	Coded Through Claims	03/24/2020		●	<input type="checkbox"/>
Metabolic_high	E83.111 HEMOCHROMATOSIS D/T REPEATED RBC TX	Coded Through Claims	02/20/2020		●	<input type="checkbox"/>
Psychiatric_medium_low	F43.10 POST-TRAUMATIC STRESS DISORDER UNS	Unassessed	10/24/2018		●	<input type="checkbox"/>

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

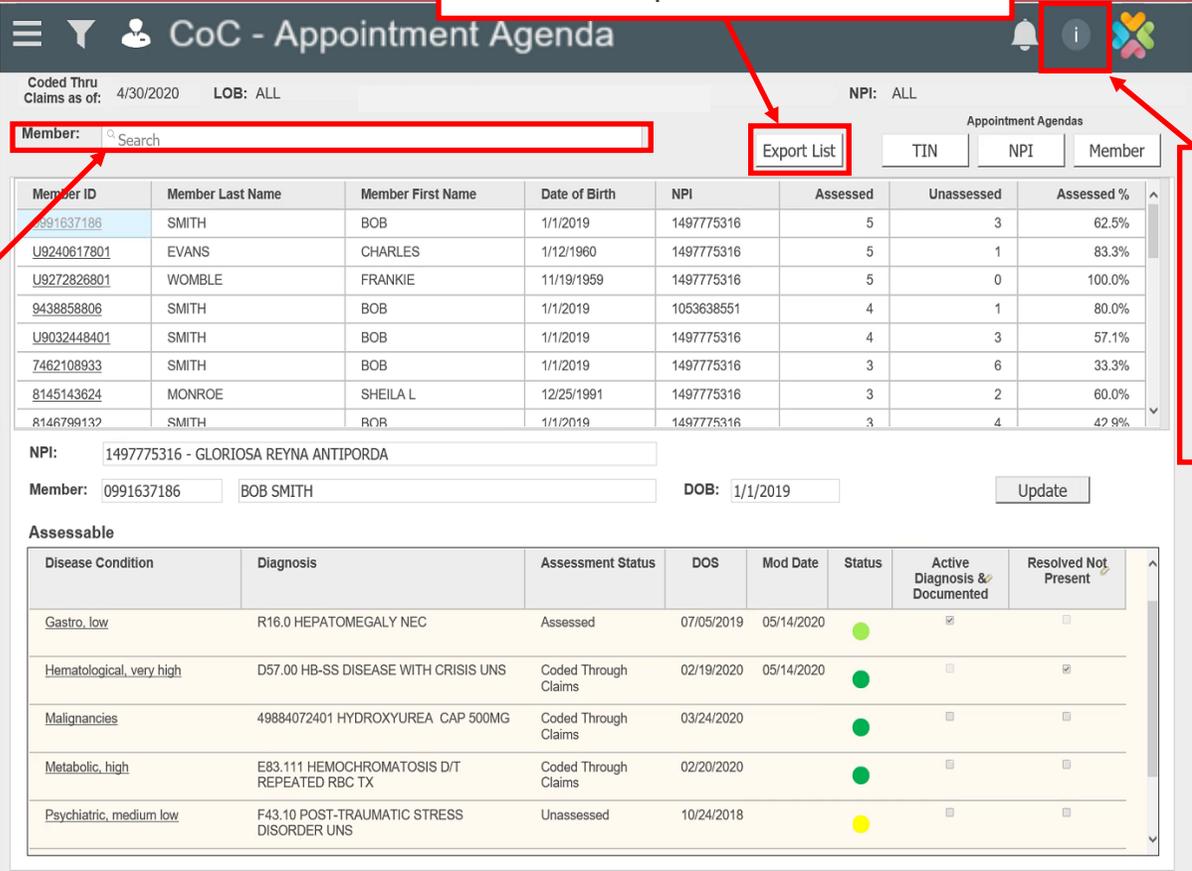
All data shown here is for illustrative purposes only. No actual PHI data is presented.

# CoC 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.



The screenshot shows the 'CoC - Appointment Agenda' interface. At the top, there are filters for 'Coded Thru Claims as of: 4/30/2020', 'LOB: ALL', and 'NPI: ALL'. Below this is a search bar labeled 'Member:' with a search icon. To the right of the search bar is an 'Export List' button. Further right is an information icon (i) which is highlighted by a red box and a callout. Below the search bar is a table with columns: Member ID, Member Last Name, Member First Name, Date of Birth, NPI, Assessed, Unassessed, and Assessed %. The table contains several rows of patient data. Below the table are input fields for NPI, Member, and DOB, with an 'Update' button. At the bottom is an 'Assessable' table with columns: Disease Condition, Diagnosis, Assessment Status, DOS, Mod Date, Status, Active Diagnosis & Documented, and Resolved Not Present. The 'Assessable' table contains five rows of assessment data.

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%

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"/>

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

# CoC 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%
8146798132	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.

# CoC 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	2	2	60.0%
8146798132	SMITH	BOB	1/1/2019	1497775316	4	4	47.9%

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
<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"/>

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

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# CoC 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%
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8145143624	MONROE	SHEILA L	12/25/1991	1497775316	3	2	60.0%
R146799132	SMITH	ROB	1/1/2019	1497775316	3	4	42.9%

NPI:    Member:         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"/>

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

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# Coding & Documentation Tips

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- ▶ Document and code all conditions present at time of encounter
- ▶ Utilize MEAT 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 the claim.

**Note:** Coding tip sheets can be found on the Arkansas Health & Wellness Provider Resource Page at [ARHealthWellness.com](https://ARHealthWellness.com).

# CoC Best Practices

Engage with your assigned  
RA Specialist

Utilize Electronic Methods  
of Submission

Schedule members for  
Annual Wellness Visits for  
additional incentives

Incorporate appointment  
agendas into workflow for  
prospective approach

Include all active ICD-10  
codes on the claim and file  
claims promptly

# Education Requests

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

Submit your requests to:

[RiskAdjustment@ARHealthWellness.com](mailto:RiskAdjustment@ARHealthWellness.com)