

2025 Continuity of Care Program



PROGRAM STARTS FEBRUARY 2025

We are pleased to announce the 2025 Continuity of Care (CoC) Program, launching in February 2025. This initiative aims to reward primary care providers (PCPs) for proactively coordinating preventive medicine and thoroughly assessing patients to improve health and clinical quality of care. By participating in this program, you could earn up to **\$450 per member** based on program-specific requirements. *Read below for more details.*



How it Works

The CoC program provides an opportunity to earn added compensation by using the Appointment Agenda as a tool to guide your patient encounters with our plan members. The Appointment Agenda combines health condition history, HEDIS® measures, pharmacy, high risk, clinical, and drivers of health (aka social determinants of health) insights, if applicable, into one comprehensive view to provide visibility into members' existing medical conditions and to increase the quality of care for our members. Providers are eligible for added compensation for completing the "Health Condition History" portion of the Appointment Agenda during member visits and submitting the completed Appointment Agendas with corresponding verified and documented diagnoses on qualified claims. Please make sure your medical record documentation supports your diagnoses submitted on claims. Of note, there is an added amount paid for Appointment Agendas submitted electronically.

For a list of available submission methods, please see the QR code and URL at the end of this document.

THRESHOLD PERCENTAGE OF APPOINTMENT AGENDAS COMPLETED	BONUS PAID PER PAPER APPOINTMENT AGENDA SUBMISSION	BONUS PAID PER ELECTRONIC APPOINTMENT AGENDA SUBMISSION
<50%	\$50	\$100
≥50% to <80%	\$100	\$200
≥80%	\$150	\$300

Meridian, Meridian Complete, Wellcare and Ambetter are affiliated products serving Medicaid, Medicare and Health Insurance Marketplace members in the State of Michigan respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.



Thresholds are calculated at the company, line of business, and provider levels. Comprehensive medical record (CPE) submissions **are not eligible** for CoC additional compensation.

The CoC program is *in addition* to our health plan's other provider compensation programs and does not replace them.



(NEW): CoC Plus (CoC+) Earning Opportunities

Complete additional portions of the Appointment Agenda for additional compensation opportunities!

Please submit by July 1, 2025. Date subject to change.

Medicare: Providers are eligible for an additional **\$150 per Appointment Agenda** for completing the High Risk, Care Guidance, Clinical, and/or Drivers of Health (aka social determinants of health) portions of the Appointment Agenda, if applicable. All boxes related to the high risk, care guidance, clinical, and/or drivers of health portions must be checked and verified to be eligible for the additional compensation recognizing the time it takes for verification and documentation in the medical record for the clinical conditions.

We also encourage you to complete an annual preventive visit (APV) with your patients:

Health Plan members are covered for:		Codes	
Annual Wellness Visit (AWV)	This unique-to-Medicare visit allows you and your patient to meet and discuss their health to create a personalized prevention plan.	One per calendar year.	G0438, G0439*
Routine Physical Exam (RPE)	This Medicare Advantage supplemental benefit is a comprehensive physical examination to screen for disease and promote preventive care.	One per calendar year.	99381-99387* (new patient) 99391-99397** (established patient)

* Contracted Federally Qualified Health Centers (FQHC) must include G0468 when billing AWV.

** Can be billed with the AWV with a modifier 25.

Medicaid/Marketplace: Providers are eligible for an additional \$100 per Appointment Agenda for completing the High Risk, Care Guidance, Clinical, and/or Drivers of Health (aka social determinants of health) portions of the Appointment Agenda, if applicable.



Speak to your Health Plan Provider Engagement Representative for more information.

Provider Services



Meridian: 1-888-773-2647 (TTY 711)
Ambetter: 1-833-993-2426 (TTY 711)
Wellcare: 1-855-538-0454 (TTY 711)



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Other Provider Compensation Programs

Qualifying providers may also be eligible for additional compensation programs, including:

- ✓ Partnership for Quality (P4Q).
- ✓ RxEffect Provider Program.
- ✓ Pay-for-Performance (P4P).



Payment Process and Timelines

Payments will begin after the **second quarter of 2025**, continuing through the second quarter of 2026. All claims or encounters must be submitted by **Jan. 31, 2026**, to be used in final payment calculations. Our health plan may request medical records if we are unable to verify information using claims or encounter data.

Instructions

The measurement period is **Jan. 1, 2025 to Dec. 31, 2025**.

- 1 SCHEDULE AND CONDUCT AN EXAM** with the eligible member(s) using the Appointment Agenda as a guide, assessing the validity of the clinical conditions and/or gaps in care on the Appointment Agenda.

- 2 SUBMIT THE COMPLETED APPOINTMENT AGENDA.**

Electronic:

- Log on to the CoC dashboard through our Secure Provider Portal at: **provider.wellcare.com**.
- Specify the clinical conditions and/or gaps/insights that continue to exist or no longer exist using the check box function on the dashboard and submit. **Each gap/insight must have a box checked to be eligible for the additional compensation, recognizing the time it takes to assess the patient's current condition.**
- For a list of other available electronic submission methods, please see the QR code or URL at the end of this document.
- Make sure the medical record documentation supports diagnoses, gap closures, screenings/ tests and update conditions that are no longer acute, including use of "history of."

Paper:

- Print the Appointment Agenda from the dashboard. Specify the clinical conditions and/or gaps/ insights that continue to exist or no longer exist by checking the box on the Appointment Agenda. **Each gap/insight must have a box checked to be eligible for additional compensation.**
- Sign and date the completed Appointment Agenda.
- Submit the completed form via **fax to 1-813-464-8879** or **secure email to agenda@wellcare.com** or **agenda@centene.com**.
- Make sure the medical record documentation supports diagnoses, gap closures, screenings/ tests and update conditions that are no longer acute, including use of "history of."

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- 3 SUBMIT A CLAIM OR ENCOUNTER** containing the correct International Classification of Diseases, 10th Edition ICD-10, CPT,[®] CPT II, Healthcare Common Procedure Coding System (HCPCS) and/or National Drug Codes (NDC). Upon receipt of the completed documentation, the health plan will verify the corresponding claim information to validate payment eligibility.

Note: Please make sure your patient chart documentation supports the diagnoses and ICD-10 codes that are on a claim or encounter.



Additional Information

Members are selected at the beginning of the program and are subject to change in future programs. For member movement, speak with your Health Plan Engagement Representative.

- ✓ All CoC providers must: (a.) be in a participation agreement with our health plan, either directly or indirectly through a group, from the effective date and continually through the dates the bonus payments are made; and (b.) be in compliance with their participation agreement, including timely completion of required training or education as requested or required by our health plan.
- ✓ Any bonus payments earned through this CoC program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other health plan bonus program(s) in which you participate. CoC providers who have a contractual or other bonus arrangement with our health plan, either directly or through an IPA or group, may be excluded from participation in the CoC program at our health plan's discretion.
- ✓ The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including, without limitation, all audit rights of our health plan. The CoC provider agrees that our health plan or any state or federal agency may audit the provider's records and information.
- ✓ The program is discretionary and subject to modification because of changes in government healthcare programs or otherwise. Our health plan has the discretion to determine whether the requirements are satisfied and if payments will be made. There is no right to appeal any decision made in connection with the program. If the program is revised, our health plan will send a notice to the CoC provider by email or other means of notice permitted under the participation agreement.
- ✓ Our health plan reserves the right to withhold the payment of any bonus that may have otherwise been paid to a CoC provider to the extent that such CoC provider has received or retained an overpayment, including any money to which the CoC provider is not entitled, including but not limited to fraud, waste, or abuse. In the event that our health plan determines that a CoC provider has an overpayment, our health plan may offset any bonus payment that may have otherwise been paid to the CoC provider against overpayment.
- ✓ Our health plan shall make no specific payment, directly or indirectly, under a provider bonus program to a CoC provider as an inducement to reduce or limit medically necessary services to an enrollee (member). 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.

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Frequently Asked Questions

Use the QR Code or URL to access CoC Program Frequently Asked Questions:



centene.com/content/dam/corporate/educational-resources/CoC-Program-FAQ.pdf

Have feedback?

Use the QR Code or URL to share feedback about the CoC Program:



cnc.sjc1.qualtrics.com/jfe/form/SV_bPd21sAp3xihwSa



Thank you for being a partner in our members' care. If you have additional questions, please contact Provider Services.

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