



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

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

TIN Name: \_\_\_\_\_

Provider Name and ID: \_\_\_\_\_

Member Phone: \_\_\_\_\_

IPAA ID: \_\_\_\_\_

IPAA Name: \_\_\_\_\_

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

**2025 Marketplace Appointment Agenda**  
**A Guide to the Patient's Visit**

**Disclaimer:** Paper submissions take longer to process. For available electronic submission methods, please use the QR code or URL below.

### High Risk

Please speak with your patient about the following insights to understand and guide them on appropriate healthcare practices.

Gap/Insights Description	Diagnosis/Other Info/Supporting Information	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred
			<input type="checkbox"/>	<input type="checkbox"/>

### Health Condition History and Continuity of Care

These conditions are based on claims submitted by providers and the member's medical history as of

Please update diagnoses, as these conditions may no longer exist, their severity may have changed, or other conditions may have replaced them.

Gap/Insights Description	Type	Source	Diagnosis/Other Info/Supporting Information	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member

						<b>Referred</b>
					<input type="checkbox"/>	<input type="checkbox"/>
					<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. For any Care Gaps that are closed and submitted on a claim with accompanying CPT, CPTII, HCPCS, DX codes please make sure there is medical record documentation to support the care, screening/test, gap closure and the diagnosis codes billed on the claim. For additional information, please reference your Care Gap Report.

<b>Gap/Insights Description</b>	<b>Diagnosis/Other Info/Supporting Information</b>	<b>Service Window Start Date</b>	<b>Service Window End Date</b>	<b>Compliance Indicator</b>	<b>Gap/Insight Assessed &amp; Documented as Appropriate</b>	<b>Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred</b>
					<input type="checkbox"/>	<input type="checkbox"/>

**Clinical**

We encourage you to discuss with your patient about the following to guide them on appropriate healthcare and answer any questions and/or encourage follow up and self-care.

<b>&lt;Gap/Insights Description&gt;</b>	<b>&lt;Diagnosis/Other Info/Supporting Information&gt;</b>	<b>Relevant DOS</b>	<b>Gap/Insight Assessed &amp; Documented as Appropriate</b>	<b>Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred</b>
			<input type="checkbox"/>	<input type="checkbox"/>

**Drivers of Health (aka Social Determinants of Health)**

The following conditions and/or missing screenings/tests have been identified as possible patient concerns for maintaining their health and wellbeing. As appropriate, please connect with your patient to address these conditions and/or concerns.

<Gap/Insights Description>	<Diagnosis/Other Info/Supporting Information>	Relevant DOS	Gap/Insight Assessed & Documented as Appropriate	Gap/Insight Assessed, Not Present; Not Assessed, Addressed Previously; Not Assessed, Member Referred
			<input type="checkbox"/>	<input type="checkbox"/>

**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 to [agenda@centene.com](mailto:agenda@centene.com).

Please remember to document all current diagnoses and care gaps for 2025 dates of service in the patient’s chart and submit each active diagnosis on the claim(s).

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 the member and are appropriately documented in the medical record.  
Please Note: The Appointment Agenda cannot be used as a medical record.

[centene.com/content/dam/corporate/educational-resources/CoC-Program-FAQ.pdf](https://centene.com/content/dam/corporate/educational-resources/CoC-Program-FAQ.pdf)