

2026

Continuity of Care Plus

ENHANCING CARE THROUGH COMPREHENSIVE PATIENT INSIGHTS

We are pleased to announce the 2026 Continuity of Care Plus (CoC+) Program.

The CoC+ program supports providers in delivering high-quality care by using the Appointment Agenda to guide patient visits. This tool consolidates key insights, including health history, HEDIS[®] measures, pharmacy data, high-risk indicators, clinical information, and social determinants of health into a single, comprehensive view.

Providers can earn additional compensation by submitting completed Appointment Agendas with verified, documented diagnoses on qualified claims. Providers should ensure that the medical record accurately reflects all active conditions and, when relevant, includes resolved or historical conditions. However, medical records are not accepted as a form of submission.

Earning Opportunities

The 2026 Continuity of Care Plus (CoC+) Program offers **two distinct opportunities** for primary care providers to earn additional compensation:

1 Risk Adjustment Completion

Earn compensation by completing the **Risk Adjustment** section of the Appointment Agenda. This involves reviewing and updating the patient’s active/suspected conditions to ensure accurate and complete documentation.

THRESHOLD PERCENTAGE OF APPOINTMENT AGENDAS COMPLETED	PAPER RATE	ELECTRONIC RATE
Less than 50%	\$50	\$100
50% to less than 80%	\$100	\$200
80% or more	\$150	\$300

NOTE: Additional compensation is provided for Appointment Agendas submitted electronically. Thresholds are calculated at the company, line of business, and provider levels.

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2 Comprehensive Insight Completion

Earn **additional \$100** compensation by completing all other insights presented on the Appointment Agenda. These include:

- ✓ High Complexity
- ✓ Quality (Care Guidance)
- ✓ Clinical
- ✓ Drivers of Health (Social Determinants)

To maximize your compensation—**up to \$400 per patient**—all sections of the Appointment Agenda must be fully completed, with every box checked. Additionally, a corresponding claim must be submitted with verified diagnoses. All diagnoses must be supported by corresponding medical record documentation.

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



How to Participate



Conduct the Visit

Schedule and complete an exam with the eligible member using the Appointment Agenda to guide the encounter. Assess the accuracy of listed clinical conditions, insights, and any care gaps.



Complete and Submit the Appointment Agenda

Fill out and submit the Appointment Agenda directly in the Secure Provider Portal at ambetterofalabama.com/provider-resources/login.html. Refer to the CoC+ FAQ for a list of other approved submission methods.



Submit a Corresponding Claim or Encounter

Document all active conditions and care gaps on a claim using the appropriate coding standards (ICD-10, CPT®, CPT II, HCPCS, or NDC).

NOTE: All Appointment Agendas must be submitted by **January 31, 2027** to qualify.



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

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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_8v9PSQvTzm5f2Si