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of Tennessee

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Agenda ID: _____

,

Member DOB: ____ / ____ / _____   **Member Phone:** _____

TIN Name: _____

Provider Name and ID: _____   **Provider Address:** _____

2024 Marketplace 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   .

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
				☐	☐
				☐	☐
				☐	☐

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	Service Window Start Date	Service Window End Date	Compliant Indicator

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@centene.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.)

https://www.centene.com/content/dam/corporate/educational-resources/2024-CoC-Program-FAQ.pdf

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.

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