



Annual Wellness Visit (AWV)

CalOptima Health Community Network (CCN) Virtual Training
Quality Improvement (Quality Initiatives)

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Program Overview

Medi-Cal Annual Wellness Visit Incentive Program

- Priorities to address:
 - Improve member engagement with providers
 - At minimum, one annual primary care physician (PCP) visit
 - Address chronic conditions and review preventive care
 - Qualified providers will be incentivized for:
 - Reporting confirmed condition diagnosis codes and properly documenting such information in medical records
 - Capturing social determinants of health (SDOH) diagnosis codes
 - Reviewing preventive care needs for each CalOptima Health member based on a timely AWW
 - Applicable to providers contracted with CalOptima Health
 - Members must be 45 years or older, eligible with CalOptima Health and assigned to PCP

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Four key components:
 - Component 1 — Provision of a comprehensive AWW
 - Component 2 — AWW reimbursement of \$125 for qualified providers
 - Component 3 — Additional \$100 provider incentive per completed attestation form during the AWW
 - Component 4 — \$50 member incentive

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Component 1 — Provision of a comprehensive AWW to include:
 - Patient and family health history
 - Physical exam
 - Assessment for cognitive health, behavioral health, functional status, pain, risk factors, SDOH and other health issues as appropriate
 - Preventive screening
 - Education and counseling services
 - Advance care planning
 - Medication review

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Component 2 — AWW reimbursement of \$125 for qualified providers
 - Providers bill CalOptima Health directly; AWW billed under Current Procedural Terminology (CPT) codes
 - New patients: 99205 with modifier 33
 - Established patients: 99215 with modifier 33
 - Appropriate CPT codes must be submitted via claims or encounter data to qualify for the incentive
 - Providers must bill CalOptima Health directly
 - If a health network is billed, the claim should be redirected to CalOptima Health

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Component 3 — Additional \$100 provider incentive per completed attestation form during the AWW
 - Providers may earn a supplemental payment of \$100 per member per year
 - Procedure:
 - Provider logs into CalOptima Health Provider Portal, clicks on report type and selects AWW
 - Monthly generated reports available for download
 - Prints and completes pre-populated attestation forms (provider information, member detail, screenings, historical and suspected chronic conditions)
 - Provides the date the screening was completed
 - Indicates the diagnosis codes addressed
 - Signs, scans and uploads completed form with up to five supporting documents via the provider portal

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Component 3 — Additional \$100 provider incentive per completed attestation form during the AWW
 - Payment to be assigned per provider taxpayer identification number (TIN)
 - Supplemental payments to be made within 45 calendar days from the end of the submission month

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Component 3 — Additional \$100 provider incentive per completed attestation form during the AWW
 - The member must be eligible with CalOptima Health, 45 years or older and assigned to the PCP group
 - The member's conditions must be addressed during qualified face-to-face visit
 - Telehealth visits are acceptable if completed through real-time audio and video platform; phone call visits will not qualify
 - A qualified provider conducts the AWW within the service year
 - Address and document all health conditions as noted on the different elements in the attestation form
 - CalOptima Health Quality Improvement department will verify that the Healthcare Effectiveness Data and Information Set (HEDIS) preventive care measures and SDOH diagnosis codes found in the attestation are supported with medical records

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

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2023 Medi-Cal Annual Wellness Visit

Please submit completed form with supporting clinical documentation to the CalOptima Health Provider Portal.

Provider Information: Check box to confirm the provider completing the assessment. Enter the provider name and NPI if not populated.

☐ Provider: XXXXXXXXX.
Address

☐ Provider: _____

Patient Name: XXXX, XXXXXX

Member ID: XXXXXXXXX DOB: X/X/XXXX

Date(s) of Service: _____

Preventative Health Screening(s)

Screening to Consider	Date Completed	Member Refused	Not Applicable
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Year Over Year Chronic Conditions

Potential Diagnosis	Diagnosis Code	Present	Not Present	Unable to Determine
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Year Over Year Non-Chronic Conditions

Potential Diagnosis	Diagnosis Code	Present	Not Present	Unable to Determine
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Diagnosis	Date(s) of Service	Present
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Captured Chronic Diagnoses

Potential Diagnosis	Diagnosis Code	Present	Not Present	Unable to Determine
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

Member ID: XXXXXXXX Patient Name: XXXXX, XXXXX

Social Determinants of Health Questionnaire

1. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY

- ☐ Pests such as bugs, ants, or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes
- ☐ No

6. In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

- ☐ Yes
- ☐ No
- ☐ Already shut off

7. How often does anyone, including family and friends, physically hurt you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Frequently

8. How often does anyone, including family and friends, insult or talk down to you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Frequently

9. How often does anyone, including family and friends, threaten you with harm?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Frequently

10. How often does anyone, including family and friends, scream or curse at you?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Fairly Often
- ☐ Frequently

Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Component 4 — \$50 member incentive
 - Member must complete the AWW visit within the service year by December 31
 - Claims submission will qualify the member for incentive award
 - Payment to be automatically sent to members to their address on file
 - Members do not need to complete or submit any forms
 - Projected processing times are to be determined

OneCare AWWV Incentive

OneCare AWW Incentive Program — CCN

- Incentive details:

- Providers will receive \$150 payments per member, per PCP group, per year
 - AWW completed before December 31 of the service year
 - Telehealth visits are acceptable if completed through real-time audio and video platform
 - Phone call visits will not qualify
- Address the conditions and screenings identified in the attestation form and submit with supporting medical records
 - No later than January 31 following the service year
 - Submit to CalOptima Health Quality Improvement department via fax to **714-571-2491**

OneCare AWW Incentive Program — CCN (cont.)

- Incentive details:
 - Mail to:
CalOptima Health Quality Improvement Department
505 City Parkway West
Orange, CA 92868
 - or visit CalOptima Health Provider Portal when available
 - Providers must appropriately document for sections 4–6 condition diagnosis code(s) (existing and/or new), coded according to the ICD-10 Clinical Modification Guidelines for Coding and Reporting
 - 4. Year-Over-Year Conditions section
 - 5. Suspect Conditions (Pharmacy and/or Laboratory) section
 - 6. Additional Conditions Present section

OneCare AWW Incentive Program — CCN (cont.)

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2022 Primary Care Engagement and Clinical Documentation Integrity Program

Please submit completed form with supporting clinical documentation to fax # 714-571-2491.

Provider Information: Check box to confirm the provider completing the assessment. Enter the provider name and NPI if not populated.

☐ Provider: Last, First
505 City Parkway West Orange CA 92868

☐ Provider:

Patient Name: Last, First
Member ID: 33333333T DOB: 3/18/1952
Date(s) of Service:

Preventative Health Screening(s)

Screening to Consider	Date Completed	Member Refused	Not Applicable
A1c Test		<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer Screening		<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer Screening		<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Eye Exam		<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Year Over Year Chronic Conditions

Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Type 2 diabetes mellitus with hyperglycemia	E11.65	Diabetes with Chronic Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 2 diabetes mellitus without complications	E11.9	Diabetes without Complication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paranoid schizophrenia	F20.0	Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delusional disorders	F22	Major Depressive, Bipolar, and Paranoid Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizoaffective disorder, unspecified	F25.9	Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unspecified psychosis not due to a substance or known physiological condition	F29	Reactive and Unspecified Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Year Over Year Non-Chronic Conditions

Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Acute kidney failure with tubular necrosis	N17.0	Acute Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute kidney failure, unspecified	N17.9	Acute Renal Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OneCare AWW Incentive Program — CCN (cont.)

- \$50 member incentive
 - Member must complete the AWW visit within the service year by December 31
 - Claims submission will qualify the members for incentive award
 - Payment to be automatically sent to member's address on file
 - Members do not need to complete or submit any forms
 - Applicable to all OneCare members
 - Projected processing times are to be determined

2023 Member Health Rewards

Medi-Cal Health Rewards: Members



Medi-Cal
CalOptima Health

Get a no-cost \$25 gift card for completing a breast cancer screening!

**BREAST
CANCER
SCREENING**



Medi-Cal
CalOptima Health

Get a no-cost \$25 gift card for completing a diabetes eye exam!

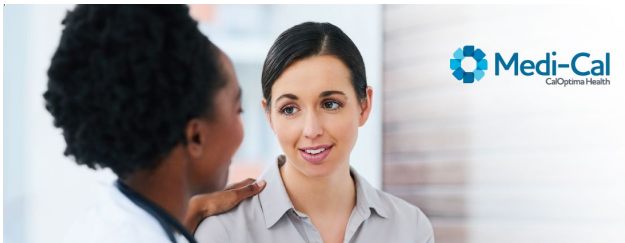
**DIABETES
EYE EXAM**



Bright Steps
A Program of CalOptima Health

Get a no-cost \$50 gift card for completing a postpartum checkup!

**POSTPARTUM
CHECKUP**



Medi-Cal
CalOptima Health

Get a no-cost \$25 gift card for completing a cervical cancer screening!

**CERVICAL
CANCER
SCREENING**



Medi-Cal
CalOptima Health

Get a no-cost \$25 gift card for completing a diabetes A1C test!

**DIABETES
A1C TEST**



CalOptima Health

Get a no-cost \$50 gift card for completing your Annual Wellness Visit!

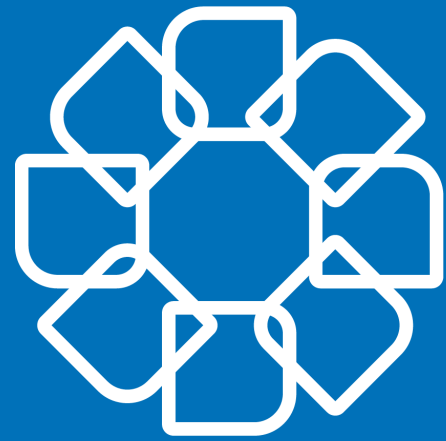
ANNUAL WELLNESS VISIT

Your Annual Wellness Visit, also known as your annual physical, is an important part of your health care. As a CalOptima Health member, you can get your Annual Wellness Visit at no cost. During this visit, your primary care provider (PCP) will perform a physical exam to check your health and make recommendations to keep you healthy! Your Annual Wellness Visit can also help catch problems before they become serious.

OneCare Health Rewards: Members

- New incentives:
 - Diabetes Eye Exam
 - Diabetes A1c Testing
 - Osteoporosis Management in Members who had a Fracture

Questions?



CalOptima Health

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