



CalOptima Health

Primary Care Engagement and Clinical Documentation Integrity Program: OneCare AWW

CalOptima Health Community Network
(CHCN) OneCare (HMO D-SNP), a
Medicare Medi-Cal Plan

February 2026

Quality Improvement (Quality Initiatives)

Our Mission

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

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.



Program Overview

Program Overview

- Applicable to providers contracted with CHCN for OneCare
 - Members must be assigned to a primary care provider (PCP)
- Incentive program aims to:
 - Improve member engagement with providers (proactive rather than a reactive approach)
 - At minimum, one annual care management visit with PCP
 - Coordination and continuity of care
 - Chronic disease management

Program Overview (cont.)

- Ensure providers' clinical documentation reflects each member's clinical representation, severity of illness and completeness of medical records for appropriate diagnosis submissions to the Centers for Medicare & Medicaid Services (CMS)

Program Requirements for Incentives

- Receive payment of \$150 per member, per PCP group, per year
 - Complete a face-to-face Annual Wellness Visit (AWV) in 2026, including a health risk assessment (HRA), preventative screenings and chronic conditions management visit with their assigned members
 - Address conditions and screenings identified on forms
 - Submit the completed attestations with the supporting medical records no later than January 31, 2027, for dates of service (DOS) in 2026
 - Members will receive a \$50 gift card for completing their AWV in 2026

AWV OneCare Codes

- Complete member's face-to-face AWV (in-person or audio and video visit)
 - G0402 — Initial preventative physical exam (IPPE); face-to-face visit
 - G0438 — AWV, includes a personalized preventative plan (PPS), initial visit
 - G0439 — AWV, includes a PPS, subsequent visit
 - G0468 — Federally Qualified Health Center (FQHC) visit, IPPE/AWV (accompanied by qualifying code G0402, G0438 or G0439)

Attestation Form

- Beginning January 2026, CalOptima Health posts attestation forms to the provider portal after the fifth of every month
- Forms will be prepopulated with provider information
- Member details
- Screenings
- Advanced care planning
- Historical and suspected chronic conditions

Attestation Form (cont.)

- Best practice case scenario:
 - Provider reviews pregenerated member data on attestation forms prior to or during the member's face-to-face encounter
 - Review, evaluate, address and document members' active chronic condition management during their face-to-face AWW encounter

Attestation Form (cont.)

- Common return reasons
 - Attestation forms that are incomplete, condition statuses not marked
 - Attestation form marked as “Present” without the supporting documentation
 - Conditions listed under the assessment without the supporting documentation


Attestation Form (cont.)

- Member's face-to-face AWW and chronic conditions can be addressed during one or on multiple face-to-face DOS within the current calendar year
 - If there are multiple DOS, please submit all pertinent progress notes

Attestation Sample

- Enter the DOS of the AWW and conditions that were addressed
- Clinic staff may assist in filling in member's preventative health screening section

1234567



2026 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: CalOptima Health Medical
500 City Pkwy W, Orange, CA 92868

Provider: _____

Patient Name: Doe, John
Member ID: 98765432A **DOB:** 06/10/1945

Date(s) of Service: _____

Preventative Health Screening(s)

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

Additional Comments:

Attestation Sample (cont.)

- Complete the three advanced care planning questions

Advanced Care Planning		
	Yes	No
1.) Was advanced care planning discussed with this member?	<input type="checkbox"/>	<input type="checkbox"/>
2.) Is an advanced care plan in place for the member?	<input type="checkbox"/>	<input type="checkbox"/>
3.) Is the advanced care plan on file?	<input type="checkbox"/>	<input type="checkbox"/>

Attestation Sample (cont.)

- Conditions marked “Present” must be evaluated, addressed, assessed and documented with the condition status and/or treatment response or how the condition affects the member’s care management, quality of life and/or the provider’s medical decision-making during a face-to-face encounter visit
- Providers to attest to members’ condition statuses

Attestation Sample (cont.)

Year Over Year Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Thrombocytopenia, unspecified	D69.6	Coagulation Defects and Other Specified Hematological Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refractory angina pectoris	I20.2	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris with coronary microvascular dysfunction	I20.81	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other forms of angina pectoris	I20.89	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morbid (severe) obesity due to excess calories	E66.01	Morbid Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unspecified cirrhosis of liver	K74.60	Cirrhosis of Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End stage heart failure	I50.84	End-Stage Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attestation Sample (cont.)

- For confirmed conditions with multiple diagnoses, e.g., “with” and “without” that fall within the hierarchy of diseases, mark the appropriate “Present”
- Example:
 - Diabetes without complications “Not Present”
 - Diabetes with chronic kidney disease (CKD) stage 3b “Present”

Attestation Sample (cont.)

- Conditions that have resolved, with no evidence of the disease and no active treatment, or if previously reported incorrectly are marked “Not Present”

Year Over Year Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Thrombocytopenia, unspecified	D69.6	Coagulation Defects and Other Specified Hematological Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refractory angina pectoris	I20.2	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris with coronary microvascular dysfunction	I20.81	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other forms of angina pectoris	I20.89	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morbid (severe) obesity due to excess calories	E66.01	Morbid Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unspecified cirrhosis of liver	K74.80	Cirrhosis of Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End stage heart failure	I50.84	End-Stage Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year Over Year Non-Chronic Conditions					

Attestation Sample (cont.)

- Conditions that are marked as “Unable to Determine”
 - Conditions are being worked up
 - Provider does not have the specialist or hospital records available during the time of service to determine the condition statuses
 - As part of the member’s continuum and coordination of care, please obtain the records for the provider’s review and analysis
 - If the conditions are confirmed as active, address during future face-to-face visit
 - Coordinate member’s appointment as appropriate

Attestation Sample (cont.)

Year Over Year Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Thrombocytopenia, unspecified	D69.6	Coagulation Defects and Other Specified Hematological Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refractory angina pectoris	I20.2	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris with coronary microvascular dysfunction	I20.81	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other forms of angina pectoris	I20.89	Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morbid (severe) obesity due to excess calories	E68.01	Morbid Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unspecified cirrhosis of liver	K74.60	Cirrhosis of Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End stage heart failure	I50.84	End-Stage Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year Over Year Non-Chronic Conditions					

Attestation Sample (cont.)

- Year Over Year Non-Chronic Conditions (acute severe) have been diagnosed for the member on claims data in the previous two years that may have the potential to progress to a chronic state

Year Over Year Non-Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Malignant neoplasm of esophagus, unspecified	C15.9	Lung and Other Severe Cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal stromal tumor of stomach	C49.A2	Prostate, Breast, and Other Cancers and Tumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal stromal tumor of large intestine	C49.A4	Prostate, Breast, and Other Cancers and Tumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute right heart failure	I50.811	Acute Heart Failure (Excludes Acute on Chronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute on chronic right heart failure	I50.813	Acute Heart Failure (Excludes Acute on Chronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral infarction, unspecified	I63.9	Ischemic or Unspecified Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attestation Sample (cont.)

- Example:
 - Acute kidney failure → CKD, specify the concurrent stage
 - Acute respiratory failure → Chronic respiratory failure, type
 - Acute cerebrovascular accident (CVA) → Hemiplegia of left/right side (late effect on physical exam) following CVA

Attestation Sample (cont.)

- Review, evaluate, address and document confirmed chronic conditions related to members' signs and symptoms, socioeconomic, environmental factors, medications and/or labs
 - Examples:
 - Simple chronic bronchitis (smoker's cough)
 - Chest pain vs. angina pectoris (specify type)
 - Low platelet count of 40 vs. thrombocytopenia or elevated platelet count of 550 vs. thrombocytopenia/thrombocytosis as primary or secondary, if known at the time of encounter
 - Two estimated glomerular filtration rates (eGFRs) within recent three-month timeframe vs. CKD stage, if known

Attestation Sample (cont.)

Year Over Year Non-Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suspect Conditions (Pharmacy and/or Laboratory)					
Risk Factor	Diagnosis	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"/>

 Signature

 Date

FN0047 Page 2 of 2 10/19/2020 1:35:13 PM

Attestation Sample (cont.)


- Enter any additional and/or new diagnosis and the DOS that are marked as “Present” under the “Other Diagnosis”
- Provider to sign and date the attestation form
- Reminder:
 - Provider’s documentation must be supported with the condition status and/or responses to treatment and plan of care on a face-to-face encounter

Attestation Sample (cont.)


Year Over Year Non-Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suspect Conditions (Pharmacy and/or Laboratory)				
Risk Factor	Diagnosis	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"/>



Signature



Date

Rendering provider's signature, credential, and date

FN0047

Page 2 of 2

10/19/2020 1:35:13 PM

Attestation Completion

- Complete the attestation form during or after members' face-to-face AWW and chronic conditions visits
 - Provide the date the screening was completed
 - Indicate if the member has declined or if the screening is not applicable

Attestation Completion (cont.)

- Complete the attestation form during or after members' face-to-face AWW and chronic conditions visits
 - Document an evaluation and management of members' concurrent conditions
 - Present (documentation must support members' accurate and complete clinical representation)
 - Not Present (conditions that have resolved or were previously incorrectly reported)
 - Unable to determine (follow up on or work-up conditions)
 - Fax completed attestations with the supporting progress notes to **714-571-2491**

Attestation Review

- CalOptima Health Auditing and Coding team will:
 - Review attestation forms for completion
 - Review documentation to ensure that it supports the diagnosis for reporting
 - Provide training as necessary

Attestation Review (cont.)

- Return notifications will be faxed to providers with remarks/instructions on the reason for return, including:
 - Attestation form is incomplete; condition statuses not marked
 - Marked present for conditions on attestation form, but not documented in progress note
 - Conditions listed but not evaluated
 - No progress note received
 - Not an AWW
 - Clarification of active treatment for cancer
 - Progress note is missing the member's full name and second identifier

Attestation Review (cont.)

- Return notifications will be faxed to providers with remarks/instructions on the reason for return, including (cont.):
 - Provider signature/credential issues
 - Telephonic encounters does not qualify
 - Improper amendments in medical records
- Payment will be pending until the requested return corrections are made and faxed back for review

Payment

- To qualify for payment:
 - An AWW must be completed by a qualified provider while the member is eligible with CHCN OneCare and the assigned PCP group
 - Member conditions must be addressed, and the evaluation and management during the qualified face-to-face visit documented
 - Telehealth visits are acceptable if completed through a real-time audio and video platform
 - Phone call visits does not qualify

Payment (cont.)

- To qualify for payment:
 - Forms must be completed, signed and submitted with applicable medical records to CalOptima Health Auditing and Coding team for review
 - Conditions identified as “Present” must be supported within the documentation, otherwise a return notification will be faxed to the provider for clarification
 - All 2026 attestations must be submitted via fax no later than January 31, 2027
 - Incentive payments are distributed in approximately 45 days



2026 OneCare Health Rewards

OneCare Eligibility Criteria

OneCare Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
AWV	\$50	Online form	Members who complete an AWV in 2026
Breast Cancer Screening	\$25	Online form	Members who complete a breast cancer screening mammogram in 2026

[1] Member must be eligible for CalOptima Health OneCare on date of service. [2] Member may only be approved once per calendar year for each health reward. [3] Rewards are loaded to the member's OneCare flex card

OneCare Eligibility Criteria

OneCare Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
Colorectal Cancer Screening – Other Types	FOBT \$15 FIT \$15 Flexible Sigmoidoscopy \$25 CT Colonography \$25	Online form	Members are eligible for only one of these colorectal cancer screening rewards each in 2026
Colorectal Cancer Screening – Colonoscopy	\$50	Online form	Members who complete a colonoscopy in 2026

[1] Member must be eligible for CalOptima Health OneCare on date of service. [2] Member may only be approved once per calendar year for each health reward. [3] Rewards are loaded to the member's OneCare flex card

OneCare Eligibility Criteria

OneCare Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
Diabetes A1C Test	\$25	Online form	Members with a diagnosis of diabetes who complete an A1C test in 2026
Diabetes Eye Exam	\$25	Online form	Members with a diagnosis of diabetes who complete a dilated or retinal eye exam in 2026

[1] Member must be eligible for CalOptima Health OneCare on date of service. [2] Member may only be approved once per calendar year for each health reward. [3] Rewards are loaded to the member's OneCare flex card

OneCare Eligibility Criteria

OneCare Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
HRA	\$25	No form required	Members who are due for and complete an HRA in 2026
Osteoporosis Management	\$25	Online form	Members who get a bone mineral density test, or fill a prescription for osteoporosis treatment in 2026

[1] Member must be eligible for CalOptima Health OneCare on date of service. [2] Member may only be approved once per calendar year for each health reward. [3] Rewards are loaded to the member's OneCare flex card



Stay Connected With Us
www.caloptima.org