Medi-Cal Annual Wellness Visit (AWV)

Quality Improvement (Quality Initiatives)

February 2026

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

Medi-Cal AWV Program

- Priorities to address:
  - Improve member engagement with providers
  - At a minimum, one annual primary care provider (PCP) face-to-face visit
  - Review, evaluate, address and document members' medical and family history; health risk assessment (HRA); physical exam; behavioral, mental and cognitive assessments; Health Effectiveness Data and Information Set (HEDIS) measures; preventive care; chronic conditions and capturing social determinants of health (SDOH)

Medi-Cal AWV Program (cont.)

- Applicable to providers contracted with CalOptima Health
  - Members must be 45 years old or older, eligible with CalOptima Health and assigned to a PCP group
  - AWV, Initial Health Appointment (IHA) and chronic conditions management must be completed on one or multiple face-to-face encounters within the current calendar year
  - Member must complete their AWV, IHA and chronic conditions management visits within the current calendar year, January 1 through December 31

Medi-Cal AWV Program (cont.)

- Submit the completed attestations with the supporting medical records no later than January 31, 2027, for dates of services (DOS) 2026.
- Telehealth visits are acceptable if completed through a real-time audio and video platform
  - Phone call visits will **not** qualify

- As best practices, complete members' AWV/IHA at a minimum of six months apart from their last AWV/IHA

Medi-Cal AWV Program (cont.)

- Key components:
  - Component 1 — Provision of a comprehensive face-to-face AWV/IHA
  - Component 2 — Review, evaluate, address and document members' active chronic conditions, HEDIS and SDOHs during a face-to-face encounter
  - Component 3 — AWV/IHA reimbursement rate between $112.20 and $146.75 for qualified CalOptima Health providers based on appropriate age-banded and new versus established enrollment

Medi-Cal AWV Program (cont.)

- Key components:
  - Component 4 — Additional $150 provider incentive per completed attestation form during the AWV/IHA
  - Component 5 — $50 member incentive

Medi-Cal AWV Program (cont.)

- Component 1 — A comprehensive AWV/IHA includes:
  - Patient and family health history
  - Vital signs
  - Physical exam
  - Behavioral, cognitive and mental health assessments
  - Preventive screening and services
  - Medication review
  - HRA
  - Education and counseling services
  - Advance care planning

Medi-Cal AWV Program (cont.)

- Component 2 — Members' active chronic conditions:
  - Providers need to review members' conditions on the attestation forms
  - Evaluate, address and document an evaluation and management (E/M) of each member's active chronic conditions during a face-to-face encounter
  - Any conditions on the attestation form that were not marked or marked as "Present" without the supporting documentation of E/M will be returned to the provider group

Medi-Cal AWV Program (cont.)

- Component 2 — Members' active chronic conditions:
  - Member's AWV, IHA and chronic condition management can be completed during one or multiple face-to-face encounters within the current calendar year
  - Submit all pertinent progress notes

IHA CPT Codes

- Component 3 — AWV and IHA codes on claims
  - Each completed AWV/IHA will be billed using the appropriate age-banded AWV/IHA code

Initial Preventive Visit (New) Within First 120 Days of Medi-Cal Member Enrollment		
CPT Code	Age Band	Rate (as of January 1, 2024)
99386	40–64 years old	$135.01
99387	65+ years old	$146.75

IHA CPT Codes (cont.)

- Component 3 – AWV and IHA codes on claims
  - Each completed AWV/IHA will be billed using the appropriate age-banded AWV/IHA code

Periodic Preventive Visit (Established) After 120 days of Medi-Cal Member Enrollment		
CPT Code	Age Band	Rate (as of January 1, 2024)
99396	40–64 years old	$112.20
99397	65+ years old	$121.16

Medi-Cal AWV Program (cont.)

- AWV Claims:
  - Health Networks: Are now responsible for claims for their delegated populations
    - Fee-for-service (FFS) or capitated
  - CalOptima Health Community Network (CHCN): Pays claims for CHCN members
    - AWV/IHA claims should be billed under the age-banded, preventive visit Current Procedural Technology (CPT) codes

Medi-Cal AWV Program (cont.)

- Provider Incentive Payments
  - Attestation form and supporting documentation need to be submitted to CalOptima Health's Auditing and Coding team for review and must meet the requirements to qualify for a $150 incentive

Medi-Cal AWV Program (cont.)

- Component 4 — Additional $150 provider incentive per completed attestation form during the AWV/IHA
  - Providers may earn a supplemental payment of $150 per member per year
    - 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 and are based on CalOptima Health Auditing and Coding team's review for attestation approval for payments

Medi-Cal AWV Program (cont.)

- Conditions marked as “Present” must be evaluated, addressed, assessed and documented with the condition status and treatment responses 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
- Provider must attest to the member’s chronic condition statuses

Medi-Cal AWV Program (cont.)

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Medi-Cal
CalOptima Health

2026 Medi-Cal Annual Wellness Visit

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

Provider Information

Provider: **CalOptima Health**
505 City Pkwy W, Orange, CA 92868

If other provider, specify NPI: _____

Member Information

Member Name: **Test, Jill**

Member ID: **9876543A** DOB: **10/31/1963**

Date(s) of Service:

Preventative Health Screening(s)

Chronic Conditions

Potential Diagnosis	Diagnosis Code	Present	Not Present	Undetermined
Other malignant neuroendocrine tumors	C7A8	O	O	O
Peripheral vascular disease, unspecified	I739	O	O	O
Embolism and thrombosis of arteries of the lower extremities	I743	O	O	O
Chronic obstructive pulmonary disease, unspecified	J449	O	O	O
Rheumatoid arthritis with rheumatoid factor, unspecified	M059	O	O	O
Rheumatoid arthritis, unspecified	M069	O	O	O

Non-Chronic Conditions

Potential Diagnosis	Diagnosis Code	Present	Not Present	Undetermined
Malignant neoplasm of cervix uteri, unspecified	C539	O	O	O
Immunodeficiency due to drugs	D84821	O	O	O
Pulmonary fibrosis, unspecified	J8410	O	O	O
Other disorders of lung	J984	O	O	O
Gastro-esophageal reflux disease without esophagitis	K219	O	O	O
Diaphragmatic hernia without obstruction or gangrene	K449	O	O	O
Nonalcoholic steatohepatitis (NASH)	K7581	O	O	O
Fatty (change of) liver, not elsewhere classified	K760	O	O	O

Other Diagnosis

Diagnosis	Present

CalOptima Health

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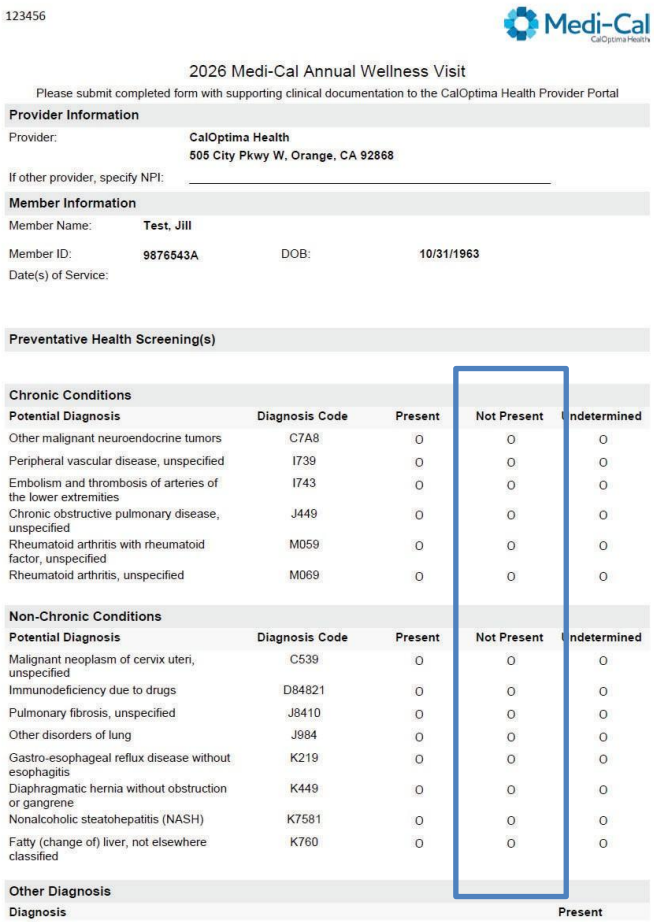
Medi-Cal AWV Program (cont.)

- Confirmed conditions with multiple diagnoses (e.g., “with” and “without”) that fall within the hierarchy of diseases, mark the appropriate “Present”
- Example:
  - Mark diabetes without complications as “Not Present”
  - Mark diabetes with chronic kidney disease (CKD) stage 3b as “Present”
- Conditions that have resolved, no evidence of the disease, no active treatment, or, if previously reported incorrectly, are marked as “Not Present”

Medi-Cal AWV Program (cont.)



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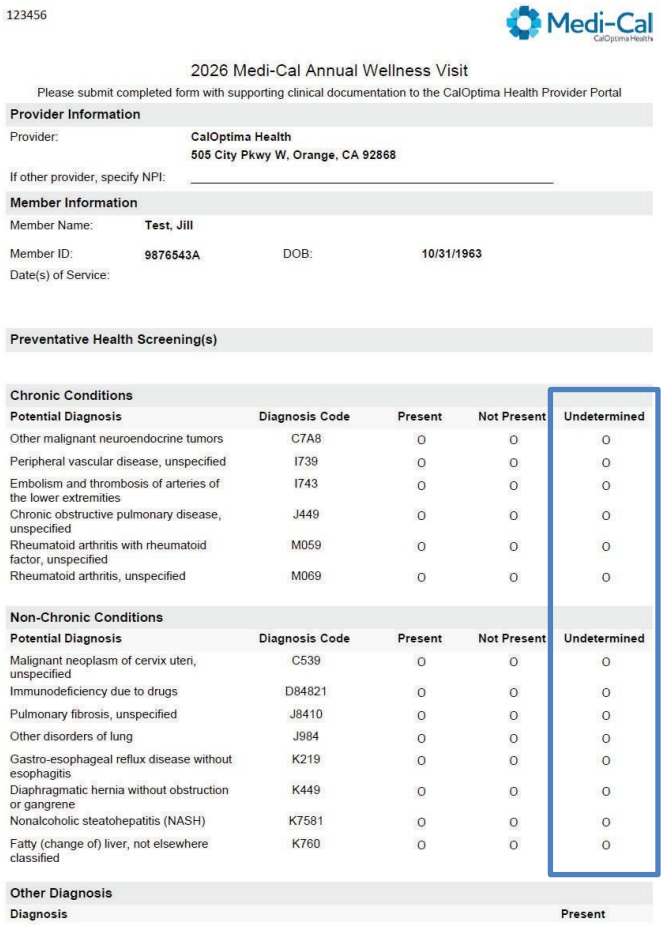
CalOptima Health

Medi-Cal AWV Program (cont.)

- Mark conditions “Unable to Determine” either because the conditions are being worked up, or the 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)

Medi-Cal AWV Program (cont.)



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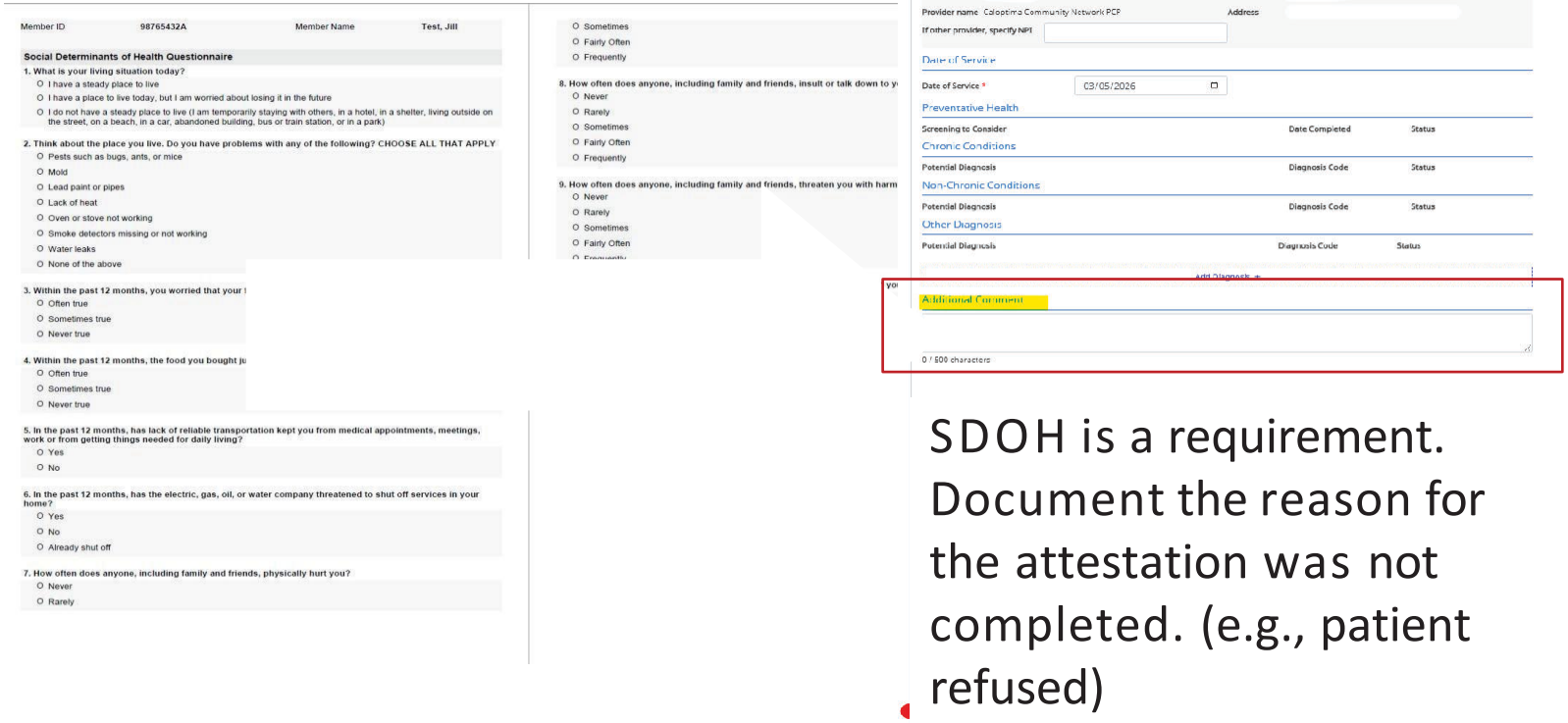
Medi-Cal AWV Program (cont.)

- Complete the SDOH section



SDOH is a requirement. Document the reason for the attestation was not completed. (e.g., patient refused)

Medi-Cal AWV Program (cont.)

- Procedure:
  1. Log into your CalOptima Health Provider Portal
  2. Go to Reports →Report Type: Medi-Cal Annual Wellness Visit
  3. Select your provider and desired member, then scroll down to the attestation period
  4. For manual submissions, click “Download” to print the attestation form. Then submit by clicking “View,” then “Manual Upload” for the completed attestation and supporting documents. Then click “Next” to bypass the digital attestation/SDOH questions, as those were completed manually. Then, click “Submit”

Medi-Cal AWV Program (cont.)

- Procedure:
  5. For digital attestation submissions, click on “View,” enter the date of service (DOS), HEDIS measures, and providers to attest to members’ chronic condition statuses section (e.g., Present, Not Present or Unable to Determine), then click “Next.” Upload the supporting documents, complete the SDOH section and then click on “Submit”
- **Note**: Document in the comment section any information you would like to communicate to our Auditing and Coding team

Attestation Review

- CalOptima Health Audit and Coding team will:
  - Review attestation forms for completion
  - Review the supporting progress notes to ensure that they support the diagnosis information
  - Payment will be pending until requested return corrections are made and resubmitted in CalOptima Health Provider Portal for review

Attestation Review

- Attestation Return Notification will be faxed back to providers with remarks/instructions for the following common reasons for returns:
  - Attestation form is incomplete; condition(s) status 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 Annual Wellness Visit
  - Clarification of active treatment for cancer

Attestation Review (cont.)

- Common reasons for attestations returned:
  - Progress note is missing the member's full name and member's second identifier
  - Provider signature/credential issues
  - Incomplete social determinants of health (SDOH) section
  - Incorrect measurement year submission for current calendar year
  - Telephonic encounters will not qualify
  - Improper amendments in medical records

CalOptima Health

2026 Medi-Cal Health Rewards

Medi-Cal Eligibility Criteria (cont.)

Medi-Cal Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
Annual Wellness Visit	$50	No form required	Members ages 45 and older who complete an Annual Wellness Visit in 2026
Blood Lead Test at 12 Months of Age	$25	No form required	Members between 12 and 23 months of age who complete a blood lead test in 2026
Blood Lead Test at 24 Months of Age	$25	No form required	Members between 24 and 35 months of age who complete a blood lead test in 2026

Medi-Cal Eligibility Criteria (cont.)

Medi-Cal Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
Breast Cancer Screening	$25	Online form	Members ages 40–74 who complete a breast cancer screening mammogram in 2026
Cervical Cancer Screening	$25	Online form	Members ages 21–64 who complete a cervical cancer screening in 2026
Postpartum Checkup	$25	Online form	Members who have a postpartum checkup between one and 12 weeks after delivery

Medi-Cal Eligibility Criteria (cont.)

Medi-Cal Health Reward	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
Diabetes A1C Test	$25	Online form	Members ages 18–75 with a diagnosis of diabetes who complete an A1C test in 2026
Diabetes Eye Exam	$25	Online form	Members ages 18–75 with a diagnosis of diabetes who are due for and complete a diabetes dilated or retinal eye exam in 2026
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	$25	No form required	Members ages 18–64 with a diagnosis Schizophrenia or Bipolar Disorder who complete a diabetes screening in 2026 and are using antipsychotic medication. Members with diabetes or in hospice are excluded

[1] If the provider determines a screening, test, or exam is medically necessary, the member may qualify for the health reward, even if they don't meet the listed age requirement. [2] Member must be eligible CalOptima Health Medi-Cal member on date of service. [3] Member may only be approved once per calendar year for each health reward.

Medi-Cal Eligibility Criteria (cont.)

Medi-Cal 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 ages 45–75 are eligible for only 1 of these colorectal cancer screening rewards each calendar year
Colorectal Cancer Screening – Colonoscopy	$50	Online form	Members ages 45–75 who complete a colonoscopy in 2026

[1] If the provider determines a screening, test, or exam is medically necessary, the member may qualify for the health reward, even if they don't meet the listed age requirement. [2] Member must be eligible CalOptima Health Medi-Cal member on date of service. [3] *Only one reward will be issued, even if member completes more than one screening type. Completing multiple screenings does not result in multiple rewards.

Medi-Cal Eligibility Criteria (cont.)

- If the provider determines a screening, test or exam is medically necessary, the member may qualify for the health reward, even if they don't meet the listed age requirement
- Patients must be an eligible CalOptima Health Medi-Cal members on DOS
- Members may only be approved once per calendar year for each health reward

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