# CalOptima Health's

# Medi-Cal Annual Wellness Visit (AWV) Program FAQ

**1. Where can I find my assigned members?**

CalOptima Health will provide an attestation form and medical records submission instruction documents for each of your assigned members via the CalOptima Health Provider Portal.

Providers can access the Provider Portal at https://providers.caloptima.org/#/login. To obtain access, providers are required to complete, sign and submit the Provider Portal Access Agreement to providerservicesinbox@caloptima.org (one access agreement per provider office).

Note: Health networks will not be able to view members due for an AWV. Only providers can view the detail information of their assigned members.

**2. How do I bill for the AWV?**

When billing, the following codes are designed specifically for this program. To qualify for the appropriate program reimbursement, the following Current Procedural Terminology (CPT) code sets and modifier must be present on the claim. Claims can be billed through the standard electronic data interchange (EDI) clearinghouse or through paper claim submission.

| Description | CPT Code | Modifier |
|---|---|---|
| **For new patients** | **99205** | 33 |
| **For established patients** | **99215** | 33 |

**3. What is the reimbursement rate for the AWV?**

Qualified providers shall be reimbursed $125 per assigned member per year for each completed, submitted and verified AWV billed using CPT and Modifier codes. To qualify for the $125 incentive, appropriate CPT codes must be submitted via claims.

A qualified provider for the purposes of this program is a contracted primary care provider (PCP), or another affiliated PCP, nurse practitioner or physician assistant operating within the provider group. See CalOptima Health Policy GG.1132p Medi-Cal Annual Wellness Visit Program.

**4. Does the AWV have to be completed in person?**

AWV must be completed in a face-to-face setting, including, but not limited to, in-person visits and/or telehealth utilizing a real-time synchronous audio/video platform. Appropriate modifiers and place of service codes should be utilized when billing telehealth services.

**5. What documentation do I need to submit?**

Submit the verified attestation form, supporting medical records and Social Determinants of Health (SDOH) Assessment to the CalOptima Health Quality Improvement department via the Provider Portal, within the submission period, but no later than January 31 following the service year.

The qualified provider must appropriately document all the required elements in the attestation form, with supporting medical records, including, but not limited to:

1. Member name
2. Date of service
3. Preventive Health Screening section
4. Year-Over-Year Chronic and Non-Chronic Conditions sections
5. SDOH Assessment
6. Acceptable Qualified Provider signature with credentials
7. Date of authentication

Note: Existing and/or new condition diagnosis codes must be coded according to the ICD-10 Clinical Modification Guidelines for Coding and Reporting.

**6. When will I receive the supplemental payment?**

CalOptima Health shall make a supplemental payment of $100 per completed and verified attestation form, with supporting medical records, per member per qualified provider per year within 45 calendar days from the end of the submission month.

**7. When will I be notified if the attestation form was not approved?**

CalOptima Health shall provide written notification to the qualified provider of the determination and rationale for the rejection within 30 calendar days.

**8. What is the process to resubmit a declined attestation form?**

Providers can correct or dispute the findings within 30 calendar days and resubmit the completed attestation form, with supporting documentation and/or medical records. You can submit up to five supplemental documentation materials on the Provider Portal.

**9. Is there a member health reward for completing an AWV?**

CalOptima Health shall distribute a $50 gift card to eligible Medi-Cal members who are 45 years or older as of December 31 of the date of service (DOS) year and complete an AWV with a maximum of once per service year.

**Resources:**
Attestation Sample
SDOH Assessment
Provider Portal Access Agreement
The steps below outline the process for qualified providers to complete the Medi-Cal Annual Wellness Visit Program.

| Step-by-Step Process | | |
|---|---|---|
| **Responsible Party** | **Process** | **Information Needed** |
| **Step 1**<br>**Qualified provider** | Obtain an attestation form and medical records submission instruction documents for **each** of your assigned members via the **Provider Portal.** | • Attestation form<br>• SDOH Assessment<br>• Medical record |
| **Step 2**<br>**Qualified provider** | Complete the AWV for each of your assigned members.<br><br>Complete all AWVs in the time period required by the service year. | • Bill CPT code<br>• Affirm, reject or provide additional information, as appropriate, regarding the individualized Healthcare Effectiveness Data and Information Set (HEDIS) preventive care measures, SDOH diagnosis codes and health conditions on the attestation form |
| **Step 3**<br>**Qualified provider** | Submit the verified attestation form, SDOH assessment, as well as supporting medical record for **each** completed AWV to the CalOptima Health Quality Improvement department via the **Provider Portal**, within the submission period, but no later than January 31 following the service year. | • Verified attestation form<br>• SDOH Assessment<br>• Medical record |
| **Step 4**<br>**Quality Improvement department in conjunction with coding initiatives** | Within 30 calendar days from the end of the submission period, will review the qualified provider's attestation form and supporting medical records to ensure each condition diagnosis code submitted by the qualified provider has appropriate clinical documentation. Verifies the qualified provider has met the conditions as specified. | • Verified attestation form<br>• SDOH Assessment<br>• Medical record |
| **Step 5a**<br>**Quality Improvement department in conjunction with coding initiatives** | Makes a supplemental payment of $100 per completed and verified attestation form, with supporting medical records per member per qualified provider per year. | • CalOptima Health will make monthly supplemental payments to the qualified provider<br>• CalOptima Health shall make supplemental payment 45 days from the end of the submission month |

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| **Step 5b**<br>**Quality Improvement department in conjunction with coding initiatives** | If CalOptima Health determines the attestation form or supporting medical record(s) are incomplete or lacking clinical justification, or the condition diagnosis codes/SDOH factors are not reported on a claim or encounter file that reflects the codes documented on the attestation form, CalOptima Health staff will deny the attestation submission and provide a written notification. | • CalOptima Health will provide written notification within 30 calendar days to the qualified provider of the determination and rationale for the rejection. |
| **Step 6**<br>**Qualified provider** | Upon receipt of CalOptima Health's notification of incomplete medical records, the qualified provider may correct or dispute the findings within **30 calendar days** | • Resubmit the attestation form with supporting documentation and/or medical records |