



**CalOptima
Health**

Medi-Cal Annual Wellness Visit (AWV)

**Quality Improvement (Quality Initiatives)
July 2025**

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 Annual Wellness Visit Program

○ **Priorities to address:**

- Improve member engagement with providers
- At minimum, one annual primary care physician (PCP) face-to-face visit
- Review, evaluate, address, and document members-chronic conditions, health risk assessment (HRA), Healthcare Effective Data and Information Set (HEDIS) preventative care measures, and capturing social determinants of health (SDOH)

Medi-Cal Annual Wellness Visit Program, cont.

- **Applicable to providers contracted with CalOptima Health**
 - Members must be 45 years or older, eligible with CalOptima Health and assigned to PCP group
 - Annual Wellness Visit (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
 - Telehealth visits are acceptable if completed through real-time audio and video platform; phone call visit will **not** qualify
 - Member must complete their AWV/IHA and chronic condition management visit(s) within the service year January 1st through December 31st
 - As best practices, complete members AWV/IHA at minimum six months apart from their last AWV/IHA

Medi-Cal Annual Wellness Visit Program, cont.

○ **Four key components:**

- **Component 1**– Provision of a comprehensive face-to-face AWW
- **Component 2**– Review, evaluate, address, and document members active chronic condition during a face-to-face encounter
- **Component 3**–AWV reimbursement based on appropriate age-banded and new vs. established enrollment, preventative visit Initial Health Appointment (IHA) rate between \$112.20-\$146.75 for qualified CalOptima Health providers
- **Component 4**- Additional \$150 provider incentive per completed attestation form during the AWW (effective July 1, 2024)
- **Component 5**--\$50 member incentive



Medi-Cal Annual Wellness Visit Program, cont.

- **Component 1– Provision of a comprehensive AWW to include:**
 - Patient and family health history
 - Vital signs
 - Physical exam
 - Medication review
 - Assessment for cognitive health, behavioral health, active daily living (ADLs), functional status, pain, risk factors, SDOH, and other health issues as appropriate
 - Preventative screening
 - Education and counseling services
 - Advance care planning

Medi-Cal Annual Wellness Visit Program, cont.

- **Component 2– Members active chronic conditions**
 - Providers to review members acute severe and chronic conditions on 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 chronic conditions on the attestation form that were not marked or marked as “Present” without the supporting documentation of E/M will be returned to provider group.

Medi-Cal Annual Wellness Visit Program, cont.'d

- Members AWW and chronic conditions can be completed during one or on multiple face-to-face encounters within the current calendar year.
- Submit all pertinent progress notes.

Initial Health Appointment (IHA) CPT Codes

○ **Component 3–AWV and IHA Codes on Claims**

- Each completed AWV will be billed using the appropriate age-banded, preventative visit IHA code.

Initial Preventative Visit (New) Within first 120 days of Medi-Cal member enrollment		
CPT Code	Age Band	Rate (as of 01/01/2024)
99386	40-64 years old	\$135.01
99387	65+ years old	\$146.75

Periodic Preventative Visit (Established) After 120 days of Medi-Cal member enrollment		
CPT Code	Age Band	Rate (as of 01/01/2024)
99396	40-64 years old	\$112.20
99397	65+ years old	\$121.16

Medi-Cal Annual Wellness Visit Program, cont.(Changes Effective July 1, 2024)

AWV Claims:

- **Health Network:** Health Networks will now be responsible for claims for their delegated populations
 - Fee-for-service (FFS) or Capitated
- **CalOptima Health Community Network (CHCN):** CalOptima Health will pay claims for CHCN members
 - AWV claims should be billed under the age-banded, preventative visit/Initial Health Appointment (IHA) CPT codes

Provider Incentive Payments:

- Attestation form and the supporting documentation needs to be submitted to CalOptima Health Auditing and Coding team for review and must meet the requirements to qualify for a \$150 incentive

Medi-Cal Annual Wellness Visit Program, cont.

- **Component 4-** Additional \$150 provider incentive per completed attestation form during the AWW (effective July 1, 2024)
 - 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 Annual Wellness Visit Program, cont.

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2025 Medi-Cal Annual Wellness Visit

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

Provider Information

Provider: Primary
505 City Pkwy W, Orange, CA 92868

If other provider, specify NPI: _____

Member Information

Member Name: Test, Jill
Member ID: 12345678F DOB: 12/10/1979
Date(s) of Service:

Preventative Health Screening(s)

Screening to Consider	Date Completed	Completed	Member Refused	Ordered/ Referred	Not Applicable
Breast Cancer Screening		0	0	0	0

Chronic Conditions

Non-Chronic Conditions

Other Diagnosis

Medi-Cal Annual Wellness Visit Program, cont.

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 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 on the “Download” to print the attestation form. Then submit through the “View”, then “Manual Upload” to the completed attestation and supporting documents, then click “Next”, bypassing the digital attestation and SDOH questions since completed manually. Then, click on “Submit”.
5. For digital attestation submissions, click on the “View”, then 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 on “Next”. Upload the supporting documents. Complete the SDOH section, 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
 - Attestation Return Notification will be faxed back to providers with remarks/instructions as for reasons of return:
 - Not an Annual Wellness Visit
 - No progress note received
 - Marked present for chronic conditions on attestation form, but not documented in progress note
 - Clarification of active treatment for cancer
 - Chronic conditions listed but not evaluated
 - Provider signature/credential issues
 - Telephonic encounters
 - Payment will be pended until requested return corrections are made and resubmitted in CalOptima Health Provider Portal for review.





2025 Medi-Cal Member Health Rewards

Medi-Cal Eligibility Criteria

Medi-Cal Member Health Rewards	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines*
Annual Wellness Visit	\$50	No form required	Members 45 and older who complete an Annual Wellness Visit in 2025
Blood Lead Test at 12 Months of Age	\$25	No form required	Members 12–23 months of age who complete a blood lead test in 2025
Blood Lead Test at 24 Months of Age	\$25	No form required	Members 24–35 months of age who complete a blood lead test in 2025

Member must be eligible on date of service. Member may only be approved once per calendar year for each health reward.

*If the member's doctor determines that the screening, test, or exam is clinically or medically necessary, CalOptima Health will honor the health reward submission even if it is performed outside the recommended age guidelines.

Medi-Cal Eligibility Criteria

Medi-Cal Member Health Rewards	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines*
Breast Cancer Screening	\$25	By mail or fax	Members ages 50–74 who complete a breast cancer screening mammogram in 2025
Cervical Cancer Screening	\$25	By mail or fax	Members ages 21–64 who complete a cervical cancer screening in 2025
Colorectal Cancer Screening	\$50	By mail or fax	Members ages 45–75 who complete a colonoscopy in 2025. Other colon cancer screening tests do not qualify

Member must be eligible on date of service. Member may only be approved once per calendar year for each health reward.

*If the member's doctor determines that the screening, test, or exam is clinically or medically necessary, CalOptima Health will honor the health reward submission even if it is performed outside the recommended age guidelines.

Medi-Cal Eligibility Criteria

Medi-Cal Member Health Rewards	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines*
Diabetes A1C Test	\$25	By mail or fax	Members ages 18–75 with a diagnosis of diabetes who complete an A1C test in 2025
Diabetes Eye Exam	\$25	By mail or fax	Members ages 18–75 with a diagnosis of diabetes who are due for and complete a diabetes dilated or retinal eye exam in 2025
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 of schizophrenia or bipolar disorder who complete a diabetes screening in 2025 and are using antipsychotic medication. Members with diabetes or in hospice are excluded

Member must be eligible on date of service. Member may only be approved once per calendar year for each health reward.

*If the member's doctor determines that the screening, test, or exam is clinically or medically necessary, CalOptima Health will honor the health reward submission even if it is performed outside the recommended age guidelines.

Medi-Cal Eligibility Criteria

Medi-Cal Member Health Rewards	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines*
Follow-up Care for Children Prescribed ADHD Medicine	\$25	By mail or fax	Members ages 6–12 who complete three recommended follow-up visits within five months of being prescribed ADHD medicines in 2025
Postpartum Checkup	\$25	By mail or fax	Members who have a postpartum checkup between one and 12 weeks after delivery

Member must be eligible on date of service. Member may only be approved once per calendar year for each health reward.

*If the member's doctor determines that the screening, test, or exam is clinically or medically necessary, CalOptima Health will honor the health reward submission even if it is performed outside the recommended age guidelines.



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