



Primary Care Engagement and Clinical Documentation Integrity OneCare AWW Program

**CalOptima Health Community Network (CHCN)
OneCare (HMO D-SNP), a Medicare Medi-Cal Plan
July 31, 2025**

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

Program Overview (cont.)

- Ensure providers clinical documentation of 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 Overview (cont.)

- Receive payment of \$150 per member, per PCP group, per year
 - Complete a face-to-face Annual Wellness Visit (AWV) in 2025, including a health risk assessment (HRA), preventative screenings and chronic conditions management visit with their assigned members
 - Address the conditions and screenings identified on the forms
 - Submit the completed attestations with the supporting medical records no later than January 31, 2026, for dates of service (DOS) 2025
 - Members will receive a \$50 gift card for completing their AWV in 2025

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

- CalOptima Health will post attestation forms to the provider portal after the fifth of every month beginning January 2025
- Forms will be pre-populated with provider information
- Member details
- Screenings
- Advanced care planning
- Historical and suspected chronic conditions

Attestation Form (cont.)

- Best practice case scenario:

- Provider reviews pre-generated member data on attestation forms prior to members' face-to-face encounter.
- Review, evaluate, address and document member's concurrent chronic condition management during member's face-to-face AWW encounter.
- Any chronic conditions on the attestation form that were not marked with a condition status, marked as "Present" without the supporting documentation or listed under the assessment without the supporting documentation will be returned to the provider group, and the member's chronic conditions will continue to generate on the following month's attestation form as open chronic condition gaps

Attestation Form (cont.)

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

Attestation Sample

Enter the DOS of the chronic conditions that were addressed.

Clinic staff may assist in filling in member's health screening section.

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2025 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: Primary Care
505 City Pkwy W, Orange, CA 92868

☐ Provider:

Patient Name: Test, John

Member ID: 12345678D

DOB: 07/01/1950

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:



Attestation Sample (cont.)

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"/>

Complete the three Advanced Care Planning questions.

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	K74.80	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"/>

Chronic conditions that are 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 to attest to member’s chronic conditions statuses.

Attestation Sample (cont.)

Confirmed chronic conditions with multiple diagnosis, e.g., “with” and “without” that fall within the hierarchy of diseases, mark the appropriate “Present”.

Example:

Diabetes *without* Complications “**Not Present**”.

Diabetes *with* CKD stage 3b as “**Present**”.

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					

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

Attestation Sample (cont.)

Year Over Year Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
Thrombocytopenia, unspecified	D69.8	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.)

Chronic conditions that are marked as “**Unable to Determine**”, e.g., either because the condition(s) are being worked up, or 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 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"/>

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.

Attestation Sample (cont.)

Example:

- *Acute* kidney failure → *Chronic* kidney disease, 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.)

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

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Conditions related to member's signs and symptoms, socioeconomic, environmental factors, medications, and/or labs, review, evaluate, address, and document confirmed chronic conditions.

Examples:

- Simple chronic bronchitis (Smokers' cough)
- Chest pain vs. angina pectoris (specify type)
- Low platelet count of 40 vs. thrombocytopenia or elevated platelet count of 550 vs. thrombocythemia/thrombocytosis as primary or secondary, if known at the time of encounter
- Two eGFRs within recent 3-month timeframe vs. Chronic kidney disease 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

Enter any new diagnosis and the DOS that are marked as **“Present”** under the **“Other Diagnosis”**.

Reminder: Provider’s documentation must

Rendering provider’s signature, credential, and date

Attestation Completion

- Complete the attestation form during or after member's face-to-face AWW and chronic conditions visits
 - Provide the date the screening was completed
 - Indicate if the member has refused or if the screening is not applicable
 - Document an evaluation and management of member's concurrent chronic condition and acute severe conditions
 - Present (document must support member's clinical representation)
 - Not Present
 - 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 medical documentation to ensure that it supports the diagnosis information
 - Provide training as necessary

Attestation Review (cont.)

- Attestation Return Notifications will be faxed to providers with remarks/instructions on the reason for return, including:
 - Not an AWW
 - No progress notes received
 - Marked present for 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 are not accepted

Attestation Review (cont.)

- Payment will be pending until 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 member is eligible with CHCN OneCare and the assigned PCP group
 - Member conditions must be addressed and documentation of evaluation and management during the qualified face-to-face visit
 - Telehealth visits are acceptable if completed through real-time audio and video platform
 - Phone call visits will 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 2025 attestations must be submitted via fax no later than January 31, 2026
 - Incentive payments are distributed approximately in 45 days



2025 OneCare Member Health Rewards

OneCare Eligibility Criteria

OneCare Member Health Rewards	Reward Amount	How to Submit	Recommended Clinical Practice Guidelines
Annual Wellness Visit	\$50	No form required; option to submit form online	Members who complete an Annual Wellness Visit in 2025
Breast Cancer Screening	\$25	Online form	Members who complete a breast cancer screening mammogram in 2025
Colorectal Cancer Screening	\$50	Online form	Members 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. Rewards are loaded to member's flex card.

OneCare Eligibility Criteria

OneCare Member Health Rewards	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 2025
Diabetes Eye Exam	\$25	Online form	Members with a diagnosis of diabetes who complete a dilated or retinal eye exam in 2025
Health Risk Assessment	\$25	No form required	Members identified as needing to complete a HRA in 2025
Osteoporosis Screening	\$25	Online form	Members who received a bone mineral density test in 2025

Member must be eligible on date of service. Member may only be approved once per calendar year for each health reward. Rewards are loaded to member's flex card.



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