



# CalOptima Health

## Medi-Cal Annual Wellness Visit (AWV)

Quality Improvement (Quality Initiatives)

### Our Mission

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

### Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# Program Overview

# Medi-Cal Annual Wellness Visit Incentive Program

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

# Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Applicable to providers contracted with CalOptima Health
  - Members must be 45 years or older, eligible with CalOptima Health and assigned to the PCP group
  - AWW/Initial Health Appointment (IHA) and chronic conditions management must be completed during one or multiple face-to-face encounters within the current calendar year
    - Telehealth visits must be completed through real-time audio and video platforms; phone call visits will **not** qualify
    - Member must complete their AWW/IHA and chronic condition management visits within the service year (January 1–December 31)
    - As best practice, complete members' AWW/IHA at minimum six months apart from their last AWW/IHA

# Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- **Five 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** — AWW reimbursement based on appropriate age-banded and new vs. established enrollment, preventative visit IHA rate between \$112.20 and \$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 Incentive 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, activities of 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 Incentive Program (cont.)

- Component 2 — Members' active chronic conditions
  - Providers 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 Incentive Program (cont.)

- Members' AWW and chronic conditions 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 — AWW and IHA Codes on Claims
  - Each completed AWW will be billed using the appropriate age-banded, preventive visit IHA code

<b>Initial Preventive Visit (New) Within first 120 days of Medi-Cal member enrollment</b>		
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 — AWW and IHA Codes on Claims
  - Each completed AWW will be billed using the appropriate age-banded, preventive visit 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 AWW Incentive Program Changes as of July 1, 2024

## ○ **AWV Claims:**

- Health Networks: Health networks now responsible for claims for their delegated populations (fee-for-service [FFS] or Capitated (CAP)).
- CalOptima Health Community Network (CHCN): CalOptima Health will pay claims for CHCN members
  - AWW claims should be billed under the age-banded, preventative visit/IHA CPT codes

## ○ **Provider Incentive Payments:**

- Attestation form and 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 Incentive 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 Incentive 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		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Chronic Conditions

### Non-Chronic Conditions

### Other Diagnosis

# Medi-Cal Annual Wellness Visit Incentive 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 Incentive Program (cont.)

- Procedure:

1. Log into 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 attestation period
4. For manual submissions: Click “Download” to print attestation form. Then select “View,” then “Manual Upload” to submit the completed attestation and supporting documents. Then click “Next” to bypass the digital attestation and SDOH questionnaire (as this was completed manually) and then click “Submit”

# Medi-Cal Annual Wellness Visit Incentive Program (cont.)

- Procedure (cont.):
  5. For digital submissions: Click “View;” enter the dates 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, then click “Submit”



# 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 Review (cont.)

- Attestation Return Notification will be faxed to providers with remarks/instructions and the reason for return, including:
  - 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

# Attestation Review (cont.)

- Payment will be pending until requested return corrections are made and resubmitted in CalOptima Health Provider Portal for review

# 2025 Medi-Cal Member Health Rewards

# Medi-Cal Member Health Rewards

To download member's incentive forms, go to:

<https://www.caloptima.org/en/HealthAndWellness/MemberHealthRewards>

Medi-Cal Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Annual Wellness Visit</b>	\$50 gift card	No form required	Members 45 and older who complete an annual wellness visit in 2025
<b>Blood Lead Test at 12 Months of Age</b>	\$25 gift card	No form required	Members between 12-23 months of age who complete a blood lead test in 2025
<b>Blood Lead Test at 24 Months of Age</b>	\$25 gift card	No form required	Members between 24-35 months of age who complete a blood lead test in 2025
<b>Breast Cancer Screening</b>	\$25 gift card	By mail or fax	Members ages 50–74 who complete a breast cancer screening mammogram in 2025
<b>Cervical Cancer Screening</b>	\$25 gift card	By mail or fax	Members ages 21–64 who complete a cervical cancer screening in 2025
<b>Colorectal Cancer Screening</b>	\$50 gift card	By mail or fax	Members ages 45–75 who complete a colonoscopy in 2025
<b>Diabetes A1C Test</b>	\$25 gift card	By mail or fax	Members ages 18–75 with a diagnosis of diabetes who complete an A1c test in 2024
<b>Diabetes Eye Exam</b>	\$25 gift card	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
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication</b>	\$25 gift card	No form required	Member 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.
<b>Follow-up Care for Children Prescribed ADHD Medicine</b>	\$25 gift card	By mail or fax	Members ages 6-12 who complete 3 recommended follow up visits within 5 months of being prescribed ADHD medicines in 2025
<b>Postpartum Checkup</b>	\$25 gift card	By mail or fax	Members who have a postpartum checkup between 1-12 weeks after delivery

# Medi-Cal Member Health Rewards

Medi-Cal Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Annual Wellness Visit</b>	\$50 gift card	No form required	Members 45 and older who complete an AWW in 2025
<b>Blood Lead Test at 12 Months of Age</b>	\$25 gift card	No form required	Members between 12 and 23 months of age who complete a blood lead test in 2025
<b>Blood Lead Test at 24 Months of Age</b>	\$25 gift card	No form required	Members between 24 and 35 months of age who complete a blood lead test in 2025
<b>Breast Cancer Screening</b>	\$25 gift card	By mail or fax	Members ages 50–74 who complete a breast cancer screening mammogram in 2025

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# Medi-Cal Member Health Rewards (cont.)

Medi-Cal Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Cervical Cancer Screening</b>	\$25 gift card	By mail or fax	Members ages 21–64 who complete a cervical cancer screening in 2025
<b>Colorectal Cancer Screening</b>	\$50 gift card	By mail or fax	Members ages 45–75 who complete a colonoscopy in 2025
<b>Diabetes A1C Test</b>	\$25 gift card	By mail or fax	Members ages 18–75 with a diagnosis of diabetes who complete an A1C test in 2024

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# Medi-Cal Member Health Rewards (cont.)

Medi-Cal Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Diabetes Eye Exam</b>	\$25 gift card	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
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication</b>	\$25 gift card	No form required	Member 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

To download member’s incentive forms, go to:

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# Medi-Cal Member Health Rewards (cont.)

Medi-Cal Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Follow-up Care for Children Prescribed ADHD Medicine</b>	\$25 gift card	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
<b>Postpartum Checkup</b>	\$25 gift card	By mail or fax	Members who have a postpartum checkup between one and 12 weeks after delivery

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# 2025 OneCare Member Health Rewards

# OneCare Member Health Rewards

OneCare Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
Annual Wellness Visit	\$50 to &more card	No form required; option to submit form online	Members who complete an annual wellness visit in 2025
Breast Cancer Screening	\$25 to &more card	Online form submission	Members who complete a breast cancer screening mammogram in 2025
Colorectal Cancer Screening	\$50 to &more card	Online form submission	Members who complete a colonoscopy in 2025. FOBT, FIT, Cologuard tests do not qualify.
Diabetes A1C Test	\$25 to &more card	Online form submission	Members with a diagnosis of diabetes who complete an A1c test in 2025
Diabetes Eye Exam	\$25 to &more card	Online form submission	Members with a diagnosis of diabetes who complete a dilated or retinal eye exam in 2025
Health Risk Assessment	\$25 to &more card	No form required	Members identified as needing to complete a Health Risk Assessment in 2025
Osteoporosis Screening	\$25 to &more card	Online form submission	Members who received a bone mineral density test in 2025

To download member's incentive forms, go to:

<https://www.caloptima.org/en/HealthAndWellness/MemberHealthRewards>

# OneCare Member Health Rewards

OneCare Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Annual Wellness Visit</b>	\$50 to OneCare &more™ card	No form required; option to submit form online	Members who complete an Annual Wellness Visit in 2025
<b>Breast Cancer Screening</b>	\$25 to OneCare &more™ card	Online form submission	Members who complete a breast cancer screening in 2025
<b>Colorectal Cancer Screening</b>	\$50 to OneCare &more™ card	Online form submission	Members who complete a colonoscopy in 2025. FOBT, FIT and Cologuard tests do not qualify

To download member's incentive forms, go to:

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# OneCare Member Health Rewards

OneCare Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Diabetes A1C Test</b>	\$25 to OneCare &more™ card	Online form submission	Members with a diagnosis of diabetes who complete an A1C test in 2025
<b>Diabetes Eye Exam</b>	\$25 to OneCare &more™ card	Online form submission	Members with a diagnosis of diabetes who complete a dilated or retinal eye exam in 2025
<b>Health Risk Assessment</b>	\$25 to OneCare &more™ card	No form required	Members identified as needing to complete a Health Risk Assessment in 2025

To download member's incentive forms, go to:

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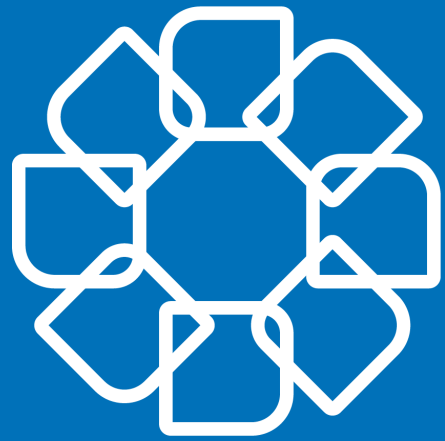


# OneCare Member Health Rewards

OneCare Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Osteoporosis Screening</b>	\$25 to OneCare &more™ card	Online form submission	Members who receive a bone mineral density test in 2025

To download member's incentive forms, go to:

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