



# Primary Care Engagement and Clinical Documentation Integrity Attestation Incentive Program

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

## 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

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- 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
  - 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 acute severe and chronic conditions 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

1234578



## 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:**

Enter the DOS of the chronic conditions that were addressed.

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

# Advanced Care Planning (Requirement as of 2024)

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"/>

# Attestation Sample (cont.)

Chronic conditions that are marked as **“Present”** must be addressed and documented with the condition status and treatment responses or outcome by the rendering provider during a face-to-face encounter visit.

Provider to attest to member’s chronic conditions statuses.

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	E66.01	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"/>

Confirmed severely acute or 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 3a as **“Present”**, and so forth.

# 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	E66.01	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"/>

Conditions that have resolved 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	D69.6	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	E66.01	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					

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 specialist or hospital records available during the time of service to determine the condition statuses.

If in this case, please obtain the records for your review and analysis. If the conditions are confirmed as active, address during future face-to-face visit. (Coordinate member’s appointment if member does not already have a face-to-face appointment).

# Attestation Sample (cont.)

- Year over Year-Non-Chronic Conditions (acute severe) have been diagnosed for the members in the previous two years that may be the potential to become chronic

Year Over Year Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Example:**

- Acute kidney failure -> Chronic kidney disease
- Acute respiratory failure -> Chronic respiratory failure type

# Attestation Sample, cont.

- Conditions related to member's signs and symptoms, socioeconomics, environmental factors, medications, and/or labs – review, evaluate, address, and document confirmed chronic conditions. Examples include:

- Simple chronic bronchitis (Smoker's cough)
- Chest pain vs. angina pectoris (specify type)
- Low platelet count of 40 vs. thrombocytopenia or elevated platelet count of 550 vs. thrombocytopenia/thrombocytosis
- Two eGFRs within recent 3-month timeframe vs. Chronic kidney disease stage (specify, if known)

Year Over Year Chronic Conditions					
Potential Diagnosis	Diagnosis Code	Risk Factor	Present	Not Present	Unable to Determine
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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					

# Attestation Sample, cont.

- Enter any new diagnosis and the DOS that are marked as **“Present”** under **“Other” Diagnosis**.
- **Reminder:** Provider’s documentation must be supported (condition status, treatment responses or treatment outcome, and plan of care) on a face-to face encounter note.

Other		
Diagnosis	Date(s) of Service	Present
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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

- 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
- 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 Member Health Rewards

OneCare Health Rewards	Reward Amount	How to Submit	Eligibility Criteria
<b>Annual Wellness Visit</b>	\$50 to &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 &more card	Online form submission	Members who complete a breast cancer screening mammogram in 2025
<b>Colorectal Cancer Screening</b>	\$50 to &more card	Online form submission	Members who complete a colonoscopy in 2025. FOBT, FIT, Cologuard tests do not qualify.
<b>Diabetes A1C Test</b>	\$25 to &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 &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 &more card	No form required	Members identified as needing to complete a Health Risk Assessment in 2025
<b>Osteoporosis Screening</b>	\$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

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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

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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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# 2025 Medi-Cal Member Health Rewards

# 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 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

To download member's incentive forms, go to:

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# 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

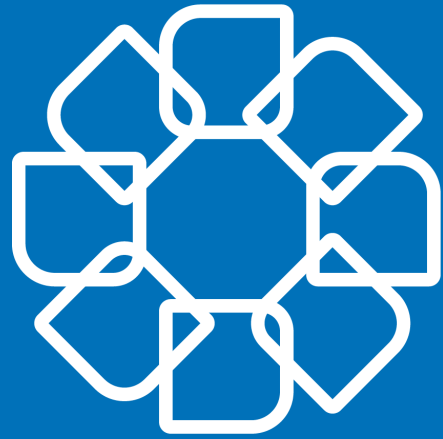
# Medi-Cal Member Health Rewards (cont.)

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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