



2022 CARE-BASED INCENTIVE workbook

PROVIDER INCENTIVES



PROVIDER WORKSHOPS





Alliance Vision: Healthy people.
Health communities.



Alliance Mission:
Accessible, quality
health care guided by
local innovation.

INSIDE WORKBOOK

Incentive Summary

04 CBI Incentive Summary

Tip Sheets

- 21 Adverse Childhood Events (ACEs) Screening
in Children and Adolescents
- 23 Breast Cancer Screening
- 25 Screening for Depression and Follow-up Plan



WELCOME!

Use this workbook during the 2022 Care-Based Incentive (CBI) workshop.

This year's focus will be:

- Program Overview
- What's New?
- Modified Measures
- Exploratory Measures
- Retired Measures
- Resources

Use the index on the left to follow along during the workshop.



2022 Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Care-Based Incentive (CBI) Summary

The Central California Alliance for Health's Care-Based Incentive (CBI) program is comprised of a set of measures encouraging preventive health services and connecting Medi-Cal members with their primary care provider (PCP).

The CBI Program consists of Provider Incentives that are paid to qualifying contracted provider sites, including family practice, pediatrics and internal medicine. Provider incentives are broken into:

- **Programmatic** measures which are paid annually based their rate of performance in each measure.
- **Fee-For-Service (FFS)** measures which are paid quarterly when a specific service is performed, or a measure is achieved.

The Alliance also offers incentives to members through the **Health and Wellness Rewards Program**, which are paid directly to members. Members are eligible for these incentives if they are enrolled with Medi-Cal through the Alliance.

This incentive summary provides an overview of the 2022 CBI program. For more information about provider incentives visit the [CBI Resources page](#). For more information on member incentives visit the [Member Incentives page](#). For general questions, talk with your Provider Relations Representative.

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2022 Summary of Changes

New Programmatic Measures:

- Breast Cancer Screening has been moved from an exploratory to programmatic measure.
- Screening for Depression and Follow-Up Plan has replaced the Antidepressant Medication Management measure.



Measure Changes:

- Plan All-Cause Readmission points have been redistributed to the Post-Discharge Care measure.
- Points from Ambulatory Care Sensitive Conditions and Preventable Emergency Visits have been reallocated to the Quality of Care Measures.
- The Joint Commission (TJC) PCMH certification has been removed from the Behavioral Health Integration FFS measure as a standalone qualification.

New Exploratory Measures:

- Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents
- Health Plan Health Disparity

Retired Measures:

- Antidepressant Medication Management
- Maternity Care: Postpartum
- Maternity Care: Prenatal





Programmatic Measures	Payment Frequency	Scoring Methodology
Care Coordination - Access Application of Dental Fluoride Varnish Developmental Screening First 3 Years Initial Health Assessment (IHA) Post-Discharge Care** Unhealthy Alcohol Use in Adolescents & Adults	Annually	Rate
Care Coordination – Hospital & Outpatient Ambulatory Care Sensitive Admissions** Plan All-Cause Readmissions** Preventable Emergency Visits**		
Quality of Care Asthma Medication Ratio BMI Assessment: Children and Adolescents Breast Cancer Screening* Cervical Cancer Screening Child and Adolescent Well-Care Visits (3-21) Diabetic HbA1c Poor Control >9.0% Immunizations: Adolescents Immunizations: Children (Combo 10) Screening for Depression and Follow-up Plan* Well-Child Visits in the First 15 Months of Life	Annually	Rate
Performance Target Performance Improvement	Annually	Rate
Exploratory 90-Day Referral Completion Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents* Chlamydia Screening in Women Controlling High Blood Pressure Health Plan Health Disparity* Immunizations: Adults Lead Screening in Children Tuberculosis (TB) Risk Assessment	Annually	Rate (No Payment in 2022)

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Fee-For-Service Measures		Payment Frequency	Scoring Methodology
	Behavioral Health Integration**	Annually	Rate
	Patient Centered Medical Home (PCMH) Recognition		
Health and Wellness Rewards Program		Payment Frequency	Scoring Methodology
	Early Prenatal Care	Dependent on the member reward. The incentive can be monthly, quarterly, biannually, or annually.	Rate
	Healthy Weight for Life (HWL)		
	Immunizations: Adolescents		
	Immunizations: Childhood Flu		
	Immunizations: Children		
	Nurse Advice Line (NAL)		
	Postpartum Visit		
	Well-Child Visits in the First 15 Months of Life		

*New measures in 2022

**Measure change in 2022

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Programmatic %						
Care Coordination Measures - Access Measures						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 18
Contract 3.1.9	Application of Dental Fluoride Varnish	The percentage of members ages 6 months to 5 years (up to or before their 6th birthday) who received at least one topical fluoride application by staff at the PCP office during the measurement year.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> Application of Dental Fluoride Varnish Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Fluoride Application Code: CPT 99188 CDT D1206	Benchmark Related	2
Contract 3.1.7	Developmental Screening in the First 3 Years	The percentage of members ages 1-3 years screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> Developmental Screening in the First 3 Years Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Developmental Screening Code: 96110	Benchmark Related	2
Contract 3.1.6	Initial Health Assessment	New members that receive a comprehensive IHA within 120 days of enrollment with the Alliance. The IHA must include an age appropriate Staying Healthy Assessment (SHA) form.	≥5 Linked Members continuously reenrolled within 120 days of enrollment (4 months)	<ul style="list-style-type: none"> SHA Form Periodicity Schedule See the Initial Health Assessment resources located on the Health Assessments website. CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement For a full list of codes see the IHA Tip Sheet.	Benchmark Related	5
Contract 3.1.5	Post-Discharge Care**	Members who receive a post-discharge visit within 14 days of discharge from a hospital inpatient stay. This measure pertains to acute hospital discharges only. Emergency room visits do not qualify.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Post-Discharge Codes: 99202-99215, 99241-99245, 99341-99350, 99381-99385, 99391-99395, 99429	Benchmark Related	10.5

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Programmatic %						
Care Coordination Measures - Access Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 18
Contract 3.1.8	Unhealthy Alcohol Use in Adolescents and Adults	Members 11 years and older who are screened for unhealthy alcohol use in primary care settings and providing persons 18 years and older engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> Unhealthy Alcohol Use in Adolescents and Adults Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Unhealthy Alcohol Use in Adolescents and Adults Codes: G0442, H0049, H0050, 88037-7 (Men), 75889- 6 (Women & Older Adults), 75624-7 AUDIT, 75626-2 AUDIT-C	Benchmark Related	3
Care Coordination Measures – Hospital and Outpatient Measures						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 37
Contract 3.1.2	Ambulatory Care Sensitive Admissions**	The number of ambulatory care sensitive admissions (based upon Plan-identified AHRQ specifications) per 100 Eligible Members per year.	≥100 Eligible Linked Members	<ul style="list-style-type: none"> Ambulatory Care Sensitive Diagnosis CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement For a full list of codes see the CBI Technical Specifications	Benchmark Related	8
Contract 3.1.4	Plan All-Cause Readmission**	The number of members 18 years of age and older with acute inpatient and observation stays during the measurement year that was followed by an unplanned acute readmission for any diagnosis within 30 days.	≥100 Eligible Linked Members	<ul style="list-style-type: none"> Plan All-Cause Readmission Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement For a full list of codes see the CBI Technical Specifications	Benchmark Related	10.5

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Programmatic %						
Care Coordination Measures - Access Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 37
Contract 3.1.3	Preventable Emergency Visits**	The rate of preventable ED and urgent visits per 1,000 members per year. Urgent Visits count as half the value as ED visits	≥100 Eligible Linked Members	<ul style="list-style-type: none"> Alliance Case Management and Care Coordination Programs Preventable Emergency Visits Tip Sheet Preventable Emergency Visit Diagnosis Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement 	Benchmark Related	9
Quality of Care Measures						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 40
Contract 3.2.1	Asthma Medication Ratio	Members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medication to total asthma medications of 0.50 or greater during the measurement year	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Asthma Medication Ratio Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>ICS-10 codes indicating persistent asthma: J45.21 - J45.52, J45.901 - J45.909, J45.991 - J45.998</p> <p>For a list of asthma controller medications, please see CBI Technical Specifications</p>	Benchmark Related	Varies
Contract 3.2.1	BMI Assessment: Children and Adolescents	The percentage of members 3 - 17 years of age who had an outpatient visit with a PCP or OB/GYN and had BMI percentile documented based on the CDC BMI-for-age growth charts.	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Child and Adolescent BMI Assessment Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>Child & Adolescent BMI Assessment Codes: Z68.51 - < 5th percentile Z68.52 - < 5th percentile to < 85th percentile Z68.53 - 85th percentile to <95th percentile Z68.54 - ≥ to 95th percentile</p>	Benchmark Related	Varies

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Programmatic %						
Quality of Care Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 40
Contract 3.2.1	Breast Cancer Screening	The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer on or between October 1 two years prior to the Measurement Period and the end of the Measurement Period.	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Breast Cancer Screening Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>Breast Cancer Screening Codes:</p> <ul style="list-style-type: none"> 77061-77067 	Benchmark Related	Varies
Contract 3.2.1	Cervical Cancer Screening	<p>Women 21-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> 21-64 years of age who had a cervical cytology performed within the last 3 years, beginning at age 21; or 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; or 30-64 years of age who had cervical cytology/HPV co-testing performed within the last 5 years 	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Cervical Cancer Screening Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>Cervical Cancer Screening Codes: Q0091 - using this code will ensure compliance obtaining, preparing and conveyance of cervical smear to a laboratory rather than relying on the lab to submit the claim.</p> <p>To exclude members from the measure: Z90.710 - absence of both cervix and uterus Z90.712 - absence of cervix with remaining uterus</p> <p>For a full list of codes see the CBI Technical Specifications</p>	Benchmark Related	Varies

Programmatic %						
Quality of Care Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 40
Contract 3.2.1	Child and Adolescent Well-Care Visits (3-21 years)*	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Child and Adolescent Well-Care Visits Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Well-Visit Codes: 99382-99385, 99392-99395, Z00.00-Z00.01, Z00.121-Z00.129, Z00.2-Z02.3, Z02.5, Z02.825, Z76.1, Z76.2	Benchmark Related	Varies
Contract 3.2.1	Diabetic HbA1c Poor Control >9.0%	Members age 18-75 who had a HbA1c test during the last 12 months, and whose most recent HbA1c test had result of >9.0%. Members with no lab result submitted will be considered non-compliant for this measure. (This is a reverse measure: lower rate is better)	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Diabetic HbA1c Poor Control >9% Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Health Education and Disease Management Programs HbA1c Test Codes: 83036, 83037 HbA1c Results: 3044F - 3046F, 3051F, 3052F	Benchmark Related	Varies
Contract 3.2.1	Immunizations: Adolescents	Adolescents turning 13 years of age who have received the following vaccinations by the time of their 13th birthday: <ul style="list-style-type: none"> 1 dose meningococcal conjugate 1 dose tetanus, diphtheria, and pertussis (Tdap) 2 doses of human papillomavirus (HPV) 	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Immunizations: Adolescents Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement Immunization Codes: Meningococcal – 90619, 90733, 90734 Tdap – 90715 HPV – 90649, 90650, 90651	Benchmark Related	Varies

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Programmatic %						
Quality of Care Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 40
Contract 3.2.1	Immunizations: Children (Combo 10)	<p>Toddlers turning 2 years of age who have received all of the following vaccinations by on or by their 2nd birthday:</p> <p>4 diphtheria, tetanus, acellular pertussis (DTaP); 3 inactivated polio vaccine (IPV); 1 measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (HepB); 1 varicella (VZV); 4 pneumococcal conjugate (PCV) 2 or 3 rotavirus (RV) 1 hepatitis A (HepA) 2 influenza (flu)</p>	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Immunizations: Children (Combo 10) Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>For a full list of codes see the CBI Technical Specifications</p>	Benchmark Related	Varies
Contract 3.2.1	Screening for Depression and Follow-up Plan	<p>The percentage of members 18 to 64 years of age who are screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.</p>	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Screening for Depression and Follow-up Plan Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>For a full list of codes see the CBI Technical Specifications</p>	Benchmark Related	Varies

Programmatic %						
Quality of Care Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible: 40
Contract 3.2.1	Well-Child Visit in the First 15 Months	Members age 15 months old who had 6 or more well-child visits with a PCP during the first 15 months of life.	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Well-Child Visit First 15 Months Tip Sheet CBI Technical Specifications Programmatic Measure Benchmarks & Performance Improvement <p>Well-Child Visit Codes: 99381, 99382, 99391, 99392, 99461, Z00.110-Z00.129, Z00.2 Z02.5, Z76.1, Z76.2</p>	Benchmark Related	Varies
Performance Target Measures						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
Contract 3.3.3	Performance Improvement Measure	<p>Providers can receive Performance Improvement points for every measure they qualify for by either:</p> <p>Meeting the Plan Goal, or Achieving a 5% improvement compared to the prior year</p>	Measure specific member eligibility requirements	<ul style="list-style-type: none"> CBI Technical Specifications 	Plan Goal or improvement over the prior year	10
Exploratory Measures						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
Provider Manual	90-Day Referral Completion	Completion rate of referrals from linked PCP to a specialist within 90 days.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> 90-Day Referral Completion - Exploratory Measure Tip Sheet CBI Technical Specifications 	Benchmark Related	N/A
Provider Manual	Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents	The percentage of members ages 1-21 years of age who are screened for Adverse Childhood Experiences (ACEs) annually using a standardized screening tool.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) in Children and Adolescents Tip Sheet CBI Technical Specifications 	Benchmark Related	N/A

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Programmatic %						
Exploratory Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
Provider Manual	Chlamydia Screening in Women	Women 16 to 24 years old who are identified as sexually active and who had at least one screening for chlamydia during the measurement year	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Chlamydia Screening in Women - Exploratory Measure Tip Sheet CBI Technical Specifications Chlamydia Screening Codes: 87110, 87270, 87320, 87490-87492, 87810	Benchmark Related	N/A
Provider Manual	Controlling High Blood Pressure	Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (140/90 mm Hg) in the last 12 months. BP reading must occur on or after the date of the second HTN diagnosis.	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Controlling High Blood Pressure - Exploratory Measure Tip Sheet CBI Technical Specifications Controlling High Blood Pressure Codes: 3074F, 3075F 3077F, 3078F, 3079F, 3080F	Benchmark Related	N/A
Provider Manual	Health Plan Health Disparity	This is a health plan performance measure, using the Child and Adolescent Well-Care Visit measure to determine whether different ethnic groups had or did not have equal access to primary care.		<ul style="list-style-type: none"> CBI Technical Specifications 	Benchmark Related	N/A
Provider Manual	Immunizations: Adults	The percentage of members 19 - 65 years old who are up to date on influenza, TD/Tdap and zoster vaccines.	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Immunizations: Adults Exploratory Measure Tip Sheet CBI Technical Specifications Adult Immunization Codes: Influenza- 90630, 90653-90654, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 Zoster- 90736, 90750 TDaP- 90714, 90715	Benchmark Related	N/A

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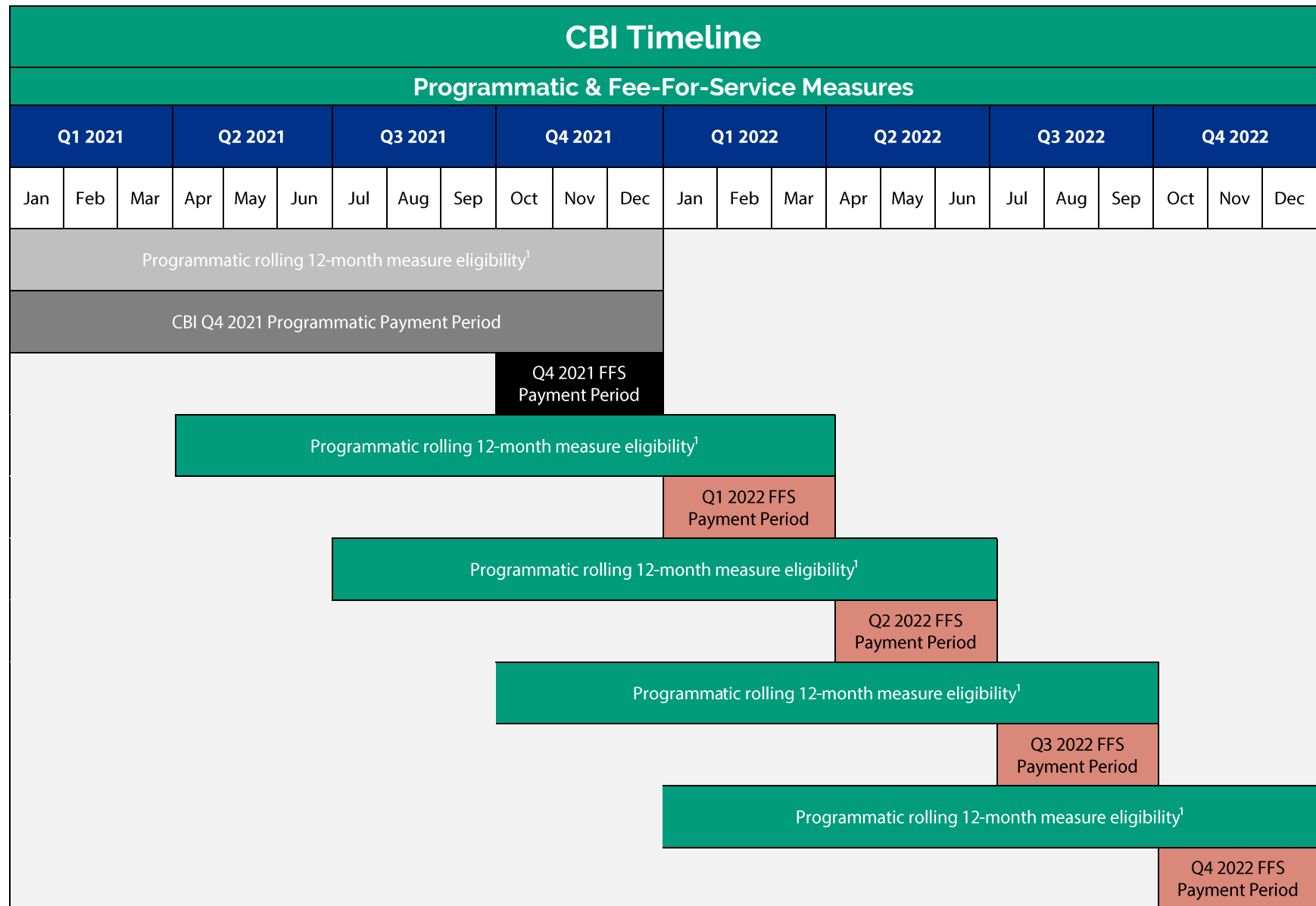
Programmatic %						
Exploratory Measures Continued						
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
Provider Manual	Lead Screening in Children	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday	≥30 Eligible Linked Members	<ul style="list-style-type: none"> Lead Screening in Children - Exploratory Measure Tip Sheet CBI Technical Specifications Lead Screening Codes: 83655 For a full list of codes see the CBI Tech Specs.	Benchmark Related	N/A
Provider Manual	Tuberculosis (TB) Risk Assessment	The percentage of members ages 12 months to 21 years (up to before their 21st birthday) who have been screened for latent tuberculosis infection (LTBI) risk factors by staff at the PCP office during the measurement year.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> Tuberculosis (TB) Risk Assessment - Exploratory Tip Sheet CBI Technical Specifications TB Codes: Z11.1	Benchmark Related	N/A

Fee-for-Service 					
Practice Management Measures					
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive
Contract 4.1	Patient Centered Medical Home (PCMH) Recognition	Plan shall pay providers \$2,500 for achievement of NCQA recognition or The Joint Commission (TJC) certification.	N/A	For providers submitting their initial application for NCQA PCMH Recognition, use Alliance discount code CCAAHA to save 20% on your initial application fee. <ul style="list-style-type: none"> CBI Technical Specifications 	\$2,500 one-time payment. Payments are made a single time after a copy of the recognition/ certification is received by the Alliance. Payments do not reoccur yearly or quarterly.
Contract 4.2	Behavioral Health Integration	Plan shall pay providers \$1,000 for achievement of NCQA Distinction in Behavioral Health.	N/A	<ul style="list-style-type: none"> CBI Technical Specifications 	\$1,000 one-time payment. Payments are made a single time after distinction is received by the Alliance. Payments do not reoccur yearly or quarterly.

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¹The IHA incentive has a 15-month measurement period to accommodate 120 days post enrollment date. See [CBI Technical Specifications](#) for additional information.

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Health and Wellness Rewards Program 					
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive
Provider Manual	Early Prenatal Care-Healthy Moms and Healthy Babies (HMHB) Program	Members who see their doctor within the first 13 weeks of being pregnant or 6 weeks of joining the Alliance, will be entered into a monthly raffle for a chance to win a \$50 target gift card.	Eligible Members	<ul style="list-style-type: none"> Breast Feeding Support and Breast Pump Benefit International Board-Certified Lactation Consultants and Breast Pump Vendor List Health Education and Disease Management Programs 	Prenatal Visit: \$50 Gift Card Raffle drawing once a month
Provider Manual	Healthy Weight for Life (HWL)	Members between the ages of 2 to 18 who attend a 10-week workshop will receive a target gift card for up to \$100 for attending. Members who complete the workshop will also be entered into a raffle for a chance to win a bike.	Members 2-18 years of age with a BMI of >85th percentile	Health Education and Disease Management Programs	Gift Card for up to \$100 Raffle drawing once a quarter Bicycle Raffle - One Winner Per County Twice a Year
Provider Manual	Immunizations: Adolescents	<p>Adolescents members turning 13 years of age who have received the following vaccinations by the time of their 13th birthday:</p> <ul style="list-style-type: none"> • 1 dose meningococcal conjugate • 1 dose tetanus, diphtheria, and pertussis (Tdap) • 2 doses of human papillomavirus (HPV) 	Members turning 13 years of age	** Measure requires provider to submit claims and update immunization registry	Gift Card for \$50 Raffle drawing once a quarter

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Health and Wellness Rewards Program Continued 					
Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive
Provider Manual	Immunizations: Childhood Flu	Members between seven (7) and 24 months of age who have received two doses of the flu (influenza) immunization will be entered into a monthly raffle for a chance to win a \$100 Target gift card. The raffle will run from November through July, corresponding with submitted flu season data (claims, DST, registry) from September through May.	Eligible Members	**Measure required provider to submit claims and update immunization registry.	\$100 gift card raffle drawing once per month, November through July
Provider Manual	Immunizations: Children	Toddler members turning 2 years of age who have received all of the following vaccinations by their 2nd birthday: 4 diphtheria, tetanus, acellular pertussis (DTaP); 3 inactivated polio vaccine (IPV); 1 measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (HepB); 1 varicella (VZV); 4 pneumococcal conjugate (PCV) 2 or 3 rotavirus (RV) 1 hepatitis A (HepA) 2 influenza (flu)	Members turning 2 years of age	** Measure requires provider to submit claims and update immunization registry	Gift Card for \$100 Raffle drawing once a quarter
Provider Manual	Nurse Advice Line	Members who call the Nurse Advice Line are eligible to be entered into a monthly raffle	Eligible Members	Health Education and Disease Management Programs	\$25 Gift Card Raffle drawing once a month
Provider Manual	Postpartum Visit Healthy Moms and Healthy Babies (HMHB) Program	Members who see their doctor 3 to 8 weeks after having a baby will receive a \$25 target gift card.	Eligible Members	Health Education and Disease Management Programs	\$25 Gift Card

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Health and Wellness Rewards Program Continued 					
Source Reference	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive
Provider Manual	Well-Child Visit First 15 Months of Life	Members age 15 months old who completed their well-child visit at: <ul style="list-style-type: none"> • 5 days old • 1 month old • 2 months old • 3 months old • 4 months old • 6 months old • 12 months old • 15 months old are eligible to be entered into a monthly raffle. 	Eligible Members	Health Education and Disease Management Programs	\$25 Gift Card Raffle drawing once a month
Provider Manual	Well-Child Visit First 15 Months of Life	Members age 15 months old who completed 6 or more well-visits by 15 months of age will be eligible to be entered into a yearly raffle.	Eligible Members	Health Education and Disease Management Programs	\$150 Gift Card Raffle drawing once a year

*New measures in 2022

**Measure change in 2022

Questions?

Contact your Provider Relations Representative or call Provider Services at (800) 700-3874 ext. 5504

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2022 Care-Based Incentive (CBI)



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Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents– Exploratory Measure Tip Sheet

Measure Description

The percentage of members ages 1-21 years of age who are screened for Adverse Childhood Experiences (ACEs) annually using a standardized screening tool.

Exploratory Measure in 2022

This is an exploratory measure; there is no payment for 2022. For additional information, refer to the [2022 CBI Technical Specifications](#).

Eligible Members

Eligible members are those ages 1-21 years between January 1st and December 31st of the measurement year who are continuously enrolled for 4 months.

Coding Requirements

Online training and attestation are required to receive payment and to be compliant for the measure.

Data will be collected via claims. When screenings are performed providers must use the following HCPCS codes depending on the test result.

- **G9919** – score **4 or greater (high risk)**, results are positive.
- **G9920** – score **between 0 – 3 (lower risk)**, results are negative.

Note: FQHCs will need to bill the HCPCS codes listed above on a separate claim than the office visit.

Screening Tools

Documentation must include a standardized ACE screening tool. Screening tools do not need to be sent to the Alliance. However, please make sure the tool is in the patient's medical record.

- [ACEs questionnaire for adults \(ages 18 years and older\).](#)
- [Pediatric ACEs and Related Life-events Screener \(PEARLS\) for children \(ages 0 to 19 years\).](#)

For more information on the types of screening tools, please see the ACES AWARE [Screening Tools](#) resources.

Best Practices

- ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential.
- **Train clinical and non-clinical staff** on ACE and toxic stress screenings:
 - Provider training: [Becoming ACEs Aware in California Training](#).
- All non-clinical staff should receive training on ACEs as part of onboarding new staff, as well as have an annual refresher.
- **Incorporate screening procedures** into the ongoing healthcare of children and adolescents. This increases the chances that previously undetected ACEs or toxic stress can be identifiedⁱ.
- Have staff **role play administering the ACE screening** to practice before implementing screenings in your clinic.
- **Pilot administering the ACE screenings** to patients and then discuss as a clinic of what improvements to the workflow can be made.
- **When mandatory reporters are screening for ACEs**, they are required to report suspicion of child abuse; see [Joint letter from California Department of Social Services and California Department of Health Care Services, and Office of the California Surgeon General](#).
- **Raise awareness of ACEsⁱⁱ:**
 - Enhanced primary care.
 - Victim-centered services.
 - Treatment to lessen the harms of ACEs.
 - Treatment to prevent problem behavior and future involvement in violence.
 - Family-centered treatment for substance use disorders.
- **Provide parents, adult, and adolescent patients with Self-Care Tools:**
 - [ACEs Aware Self-Care Tool for Adults](#)
 - [ACEs Aware Self-Care Tool for Pediatrics](#)

Resources

- **California's ACEs AWARE Initiative** offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs.
 - Effective January 1, 2020, qualified [Medi-Cal providers are eligible for a \\$29 payment](#) for screening patients up to age 65 with full-scope Medi-Cal using a qualified screening tool. This payment is available through [California's Proposition 56 Payment Program](#) and is not associated with the Alliance's Care-Based Incentive Program.
- **American Academy of Pediatrics:** [The Resilience Project](#)
- [CDC's ACE resources](#)
- [Video on administering a PEARLS Resilience De-identified, positive and negative screening.](#)
- [AAP's Family and Caregiver Resources.](#)
- [ACE Screening Clinical Workflows.](#)
- [ACE Screening Implementation How-To Guide](#)
- [Trauma-Informed Network of Care Roadmap](#)

ⁱ CDC-Kaiser ACE Study

https://www.cdc.gov/violenceprevention/aces/about.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facesstudy%2Fabout.html

ⁱⁱ CDC's Preventing Adverse Childhood Experiences <https://www.cdc.gov/violenceprevention/aces/fastfact.html>



2022 Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Breast Cancer Screening Tip Sheet

Measure Description

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer on or between October 1 two years prior to the Measurement Period and the end of the Measurement Period.

Incentive

Incentives will be paid on an annual basis, following the end of Quarter 4. For additional information, refer to the [2022 CBI Technical Specifications](#).

Exclusions

Members in hospice or receiving hospice services or palliative care during the measurement year.

Members 66 years of age and older as of December 31 of the measurement year with frailty **and** advanced illness:

- At least one encounter for frailty during the measurement year.
- At least one of the following during the measurement year or year prior to the measurement period:
 - At least **two** outpatient, observation, emergency department (ED) visits or non-acute inpatient encounter on a different date of service (DOS), with an advanced illness diagnosis. Visit types must be the same for the two visits.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - Dispensed dementia medication.

Members who had a bilateral mastectomy or two unilateral mastectomies at any time prior to December 31 of the measurement year will be excluded.

Coding Requirements

Members meet eligibility if they had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Acceptable codes include:

Digital breast tomosynthesis	77061
	77062
	+77063 (TAR required if under 40)
Diagnostic mammogram	77065
	77066
Screening mammogram	77067

Note: All types and methods of mammograms (screening, diagnostic, film or digital breast tomosynthesis) qualify for compliance. Do not count MRIs, ultrasounds or biopsies.

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23 | Central California Alliance for Health

To indicate a member's history of bilateral mastectomy, report ICD-10 code **Z90.13** on any claim at least once during the measurement period or submit via the Data Submission Tool on the Provider Portal. This code should **NOT** be listed as a primary diagnosis.

Data Collection

Data for this measure will be collected using provider data submissions via the Data Submission Tool on the [Provider Portal](#), and claims. To find gaps in data:

1. Run a report from your Electronic Health Record (EHR) system.
2. Manually compile patient data (Example: Download monthly breast cancer screening quality report on the Provider Portal and compare to EHR).

How to Submit Data

This measure allows providers to submit bilateral mastectomy information from the clinic EHR system or paper records to the Alliance at the end of the measurement year by uploading data files to the Data Submission Tool on the [Provider Portal](#). Data must be submitted as a CSV file. Step-by-step instructions are available in the Data Submission Tool Guide on the [Provider Portal](#).

Best Practices

- **Educate female members** about the importance of early detection and encourage screenings.
- **Make yearly** mammograms a standard part of discussion during every visit.
- **Designate a care team member** to use the Alliance's Provider Portal reports to do chart review and call members who are due for this important screening.
- **Note that some imaging/mammography centers require a referral.** Send referrals to imaging centers at the end of clinic day instead of batching to the reduce number of lost referrals. The Alliance does not require prior authorization.
- **Incorporate standing orders** for breast cancer screenings into your daily practice.
- **Assist members with scheduling appointments** with imaging centers while they are in the office or provide members with a list of nearby contracted imaging/mammography centers.

¹ Siu AL, on behalf of the U.S. Preventive Services Task Force. Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2016;164:279-296. doi: 10.7326/M15-2886S25.



2021 Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Screening for Depression and Follow-Up Plan Tip Sheet

Measure Description

The percentage of members 18 to 64 years of age who are screened for depression on the date of the visit using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Incentive

Incentives will be paid on an annual basis, following the end of quarter 4. For additional information refer to the [2022 CBI Technical Specifications](#).

Coding Requirements

The Alliance will reimburse providers who provide depression screening, and if warranted, a follow-up plan documented on the date of the positive screen.

Code Type	Code	Code Description
HCPCS	G8431	Screening for depression is documented as being positive and a follow-up plan is documented.
HCPCS	G8510	Screening for depression is documented as negative, a follow-up plan is not required.

Data Collection

Data for this measure will be collected using claims. To find gaps in data:

- Run a report from your Electronic Health Record (EHR) system.
- Manually compile patient data (Example: Download the quarterly depression screening CBI report on the Provider Portal and compare to EHR).

Provider Requirements

Primary care providers to administer a standardized depression screening tool and, if positive, document a follow-up plan. The date of the encounter and screening must occur on the same date of service and the name of the tools must be documented in the medical record.

Follow-Up Plan

Documented follow-up plans can include:

- Additional screening at the same encounter as the initial positive screen (additional screen alone does not count toward a valid follow-up intervention to an initial positive screen). Examples are: additional evaluation or assessment for depression such as psychiatric interview or evaluation, assessment for bipolar disorder.

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- Suicide risk assessment (e.g. Beck Depression Inventory or Beck Hopelessness Scale).
- Referral to a practitioner who is qualified to diagnose and treat depression (e.g. psychiatrist, psychologist, social worker, mental health counselor).
- Referral to a program or other mental health service (e.g. family or group therapy, support group, depression management program, other service to treat depression).
- Pharmacological intervention.
- Other interventions or follow-up.

Exclusions

Active diagnosis of depression (examples include but not limited to: major depressive disorder, vascular dementia with behavioral disturbance, dysthymic disorder, postpartum depression, other mental disorders complicating pregnancy), bipolar disorder.

Documentation Requirements

Patient medical records must document:

- The name of the depression screening tool. If this is positive, documentation of the follow-up plan (must be on the same date as the positive screen).

Screening Tools

Screening is only reimbursable with a validated screening tool. Screening tools do not need to be sent to the Alliance and must be maintained in the patient's medical record. Example tools include:

Instruments for Adults	Results Considered as Positive Finding
Patient Health Questionnaire (PHQ-9)	Total Score ≥ 5
PRIME MD-PHQ2	Total Score ≥ 3
Beck Depression Inventory (BDI or BDI II)	Total Score ≥ 10 and ≥ 14 respectively
Center for Epidemiologic Studies Depression Scale (CES-D)	Total Score ≥ 16
Depression Scale (DEPS)	Total Score ≥ 9
Duke Anxiety-Depression Scale (DADS)	Total Score ≥ 5
Geriatric Depression Scale (GDS)	Total Score ≥ 10
Cornell Scale for Depression in Dementia (CSDD)	Total Score ≥ 10
Hamilton Rating Scale for Depression (HAM-D)	Total Score ≥ 8
Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)	Total Score ≥ 6

Perinatal Screening Tools	Results Considered as Positive Finding
Edinburgh Postnatal Depression Scale	Total Score ≥ 13
Postpartum Depression Screening Scale	Total Score ≥ 60
Patient Health Questionnaire 9 (PHQ-9)	Total Score ≥ 5
Beck Depression Inventory (BDI or BDI II)	Total Score ≥ 10 and ≥ 14 respectively
Center for Epidemiologic Studies Depression Scale (CES-D)	Total Score ≥ 16
Zung Self-Rating Depression Scale	Total Score ≥ 50

Best Practices

- Complete screening annually in addition to clinical judgment, consideration of risk factors, comorbid conditions, and member life events (e.g. pregnancy).
- For those with a history of depression, screen at each visit.
- Medical Assistant administers initial depression screen and documents results.
- Screen patients at least once during the perinatal period for depression and anxiety symptoms.
- Screen for postpartum depression at the infant's one, two, four, and six-month well-child visits and beyond.
- Utilize collaborative care interventions involving multifaceted care team approaches (e.g. primary care physician, case manager with mental health background, psychiatrist, etc.).
- Implement a call back program for reaching out to patients with positive screens to keep engagement.