



2023 CARE-BASED INCENTIVE Workbook



PROVIDER INCENTIVES

PROVIDER WORKSHOPS



A wide-angle photograph of a rugged coastline. In the foreground, there are dark, rocky cliffs with some sparse vegetation. The ocean is visible in the middle ground, with gentle waves lapping at the shore. In the background, more cliffs and a small island are visible under a soft, hazy sky.

Alliance Vision: Healthy people,
Healthy communities.

A large, diverse group of people of various ages and ethnicities are smiling and posing for a group photo. They are arranged in several rows, with some people in the front row holding children. The background is a plain, light-colored wall.

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

INSIDE WORKBOOK

Incentive Summary

04 CBI Incentive Summary

Tip Sheets

- 14** Adverse Childhood Events (ACEs) Screening in Children and Adolescents
- 16** Child and Adolescent Well-Care Visits
- 18** Colorectal Cancer Screening
- 21** Alliance Interpreter Services Provider Quick Reference Guide
- 22** Partnering With An Interpreter
- 23** 12 Tips on Working Effectively With An Interpreter
- 25** Languages Available for Phone or Audio Interpreting
- 27** Additional Resources



WELCOME!

Use this workbook during the 2023 Care-Based Incentive (CBI) workshop.

This year's focus will be:

- Program Overview
- What's New?
- Modified Measures
- Exploratory Measures
- Retired Measures
- Effective Member and Provider Communication
- Resources

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

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 the CBI program. For more information about provider incentive payments refer to the [CBI Programmatic Measure Benchmarks & Performance Improvement](#) and the [Alliance Provider Manual](#). For additional information on the CBI Program, refer to the program year specific 2022 and 2023 [CBI Technical Specifications](#). Additional information on member incentives can be found on the [Member Incentives web page](#). For general questions, talk with your Provider Relations Representative.

2023 Summary of Changes

New Programmatic Measures:

- Adverse Childhood Events (ACEs) Screening in Children and Adolescents has been moved from an exploratory to programmatic measure.
- Health Equity is a new measure category, replacing the health plan health disparity exploratory measure.

Measure Changes:

- Points from the Unhealthy Alcohol use in Adolescents and Adults have been redistributed to the Adverse Childhood Events (ACEs) Screening in Children and Adolescents.
- Points from Ambulatory Care Sensitive Admissions (ACSA), Preventable Emergency Visits, Initial Health Assessment (IHA), and Quality of Care measure have been redistributed to the Health Equity measure.

New Exploratory Measure:

- Colorectal Cancer Screening.

New Fee-For-Service (FFS) Measure:

- Adverse Childhood Experiences (ACEs) Training and Attestation.

Retired Measures:

- Unhealthy Alcohol Use in Adolescents and Adults.
- Asthma Medication Ratio.
- 90-Day Referral Completion.
- Tuberculosis (TB) Risk Assessment.

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

Care Coordination Measures - Access Measures				
Measure	Summary Definition	Member Eligibility	Resources	Points Possible: 21.5
Adverse Childhood Experiences (ACEs) Screening in	The percentage of members ages 1-20 years of age who are screened for Adverse Childhood Experiences (ACEs) annually	≥5 Eligible Linked Members	Adverse Childhood Experiences (ACEs) in Children and Adolescents Tip Sheet Screening codes: G9919 - Screening performed – results positive and provision of	3

Children and Adolescents*	using a standardized screening tool.		recommendations provided G9920 - Screening performed – results negative	
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	Application of Dental Fluoride Varnish Tip Sheet Fluoride Application Code: CPT 99188 CDT D1206	2
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	Developmental Screening in the First 3 Years Tip Sheet Developmental Screening Code: 96110	2
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)	SHA Form Periodicity Schedule DHCS Staying Healthy Questionnaires (including English, Spanish and Hmong versions) DHCS MMCD Policy Letter No. 08-003 DHCS MMCD Policy Letter 99-07 For a full list of codes see the IHA Tip Sheet .	4
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	Post-Discharge Codes: 99202-99215, 99241-99245, 99341- 99350, 99381-99385, 99391-99395, 99429	10.5

Care Coordination Measures – Hospital and Outpatient Measures

Measure	Summary Definition	Member Eligibility	Resources	Points Possible: 25.5
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	Ambulatory Care Sensitive Diagnosis For a full list of codes see the CBI Technical Specifications	7
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	Plan All-Cause Readmission Tip Sheet For a full list of codes see the CBI Technical Specifications	10.5
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	Alliance Case Management and Care Coordination Programs Preventable Emergency Visits Tip Sheet Preventable Emergency Visit Diagnosis Tip Sheet	8

Quality of Care Measures				
Measure	Summary Definition	Member Eligibility	Resources	Points Possible: 38
Body Mass Index (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	Body Mass Index (BMI) Assessment: Children and Adolescents Tip Sheet BMI Percentile Codes: Z68.51 - < 5 th percentile Z68.52 - < 5 th percentile to < 85 th percentile Z68.53 - 85 th percentile to <95 th percentile Z68.54 - ≥ to 95 th percentile	Varies
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	Breast Cancer Screening Tip Sheet Breast Cancer Screening Codes: 77061-77067 For a full list of codes see the CBI Technical Specifications	Varies
Cervical Cancer Screening	Women 21-64 years of age who were screened for cervical cancer using either of the following criteria: <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	Cervical Cancer Screening Tip Sheet 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. To exclude members from the measure: Z90.710 - absence of both cervix and uterus Z90.712 - absence of cervix with remaining uterus Q51.5 - agenesis and aplasia of cervix (Can be used for a male-to-female transgender person) For a full list of codes see the CBI Technical Specifications	Varies
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	Child and Adolescent Well-Care Visits Tip Sheet Well-Visit Codes: 99382-99385, 99392-99395, Z00.00-Z00.01, Z00.121-Z00.129, Z01.411, Z01.419, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2	Varies
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	Diabetic HbA1c Poor Control >9% Tip Sheet Health Education and Disease Management Programs HbA1c Test Codes: 83036, 83037 HbA1c Results: 3044F - 3046F, 3051F, 3052F	Varies

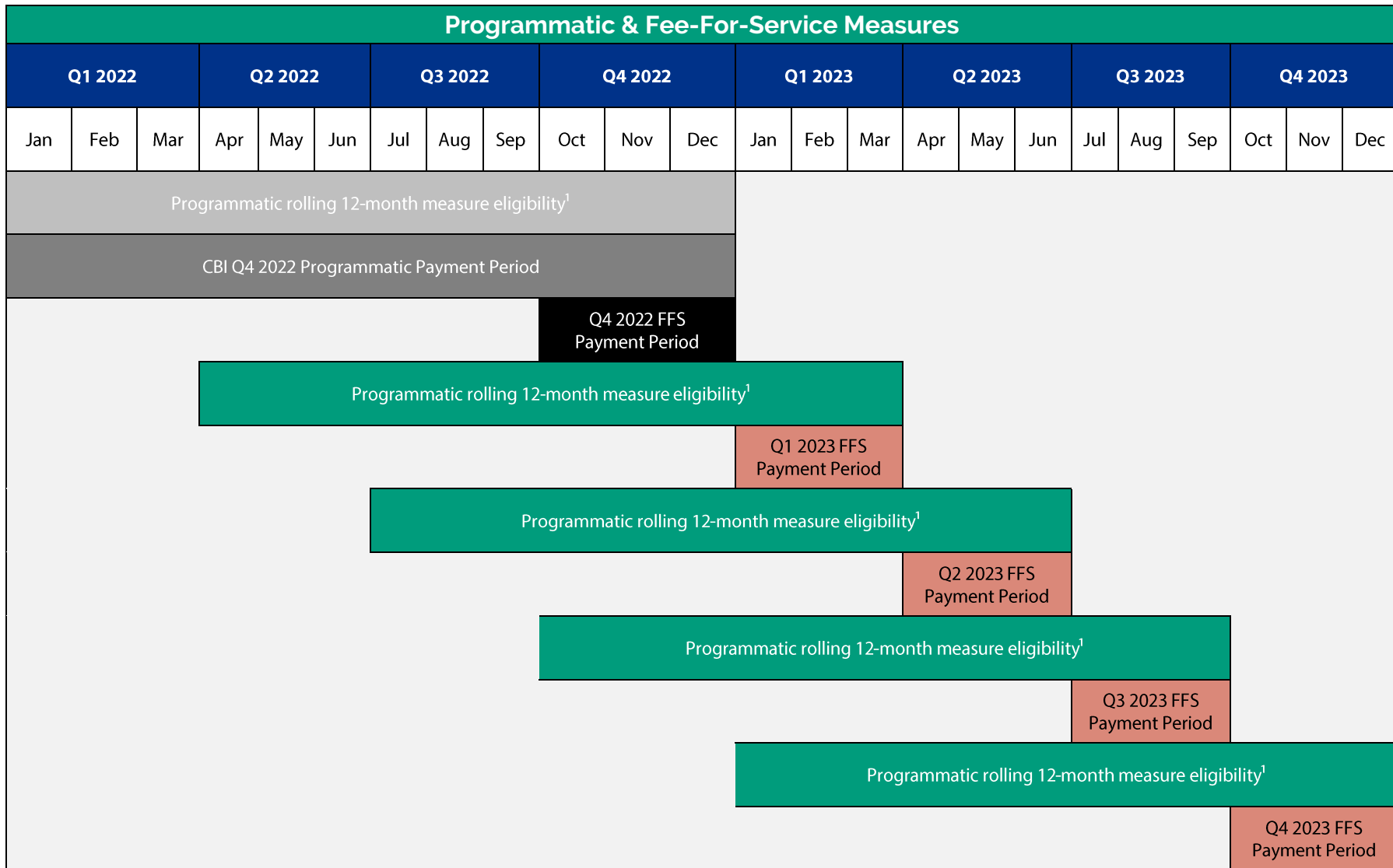
Immunization: Adolescents	<p>Adolescents turning 13 years of age who have received the following vaccinations by the time of their 13th birthday:</p> <ul style="list-style-type: none"> • 1 dose meningococcal conjugate • 1 dose tetanus, diphtheria, and pertussis (Tdap) • 2 doses of human papillomavirus (HPV) 	≥30 Eligible Linked Members	<p>Immunizations: Adolescents Tip Sheet</p> <p>Immunization Codes: Meningococcal – 90619, 90733, 90734 Tdap - 90715 HPV – 90649, 90650, 90651</p>	Varies
Immunization: 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	<p>Immunizations: Children (Combo 10) Tip Sheet</p> <p>For a full list of codes see the CBI Technical Specifications</p>	Varies
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	<p>Screening for Depression and Follow-up Plan Tip Sheet</p> <p>Screening codes: G8431- Screening for depression is documented as being positive and a follow-up plan is documented. G8433 - Screening For Depression Not Completed, Documented Patient Or Medical Reason G8510- Screening for depression is documented as negative, a follow-up plan is not required.</p>	Varies
Well-Child Visit in the First 15 Months	<p>Members age 15 months old who had 6 or more well-child visits with a PCP during the first 15 months of life.</p>	≥30 Eligible Linked Members	<p>Well-Child Visit First 15 Months Tip Sheet</p> <p>Well-Child Visit Codes: 99381, 99382, 99391, 99392, 99461, Z00.110-Z00.129, Z00.2 Z02.5, Z76.1, Z76.2</p>	Varies

Performance Target Measure				
Measure	Summary Definition	Member Eligibility	Resources	Points Possible
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	Programmatic Measure Benchmarks & Performance Improvement	10
Exploratory Measures				
Measure	Summary Definition	Member Eligibility	Resources	Points Possible
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	Chlamydia Screening in Women Tip Sheet Chlamydia Screening Codes: 87110, 87270, 87320, 87490-87492, 87810	N/A
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	Controlling High Blood Pressure Tip Sheet Controlling High Blood Pressure Codes: 3074F, 3075F 3077F, 3078F, 3079F, 3080F	N/A
Colorectal Cancer Screening	<p>The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer. For Members 46-75 years use any of the following criteria:</p> <ul style="list-style-type: none"> Fecal occult blood test within the last year. Flexible sigmoidoscopy within the last 5 years. Colonoscopy within the last 10 years. CT colonography within the last 5 years. <p>Stool DNA (sDNA) with FIT test within the last 3 years.</p>	≥30 Eligible Linked Members	Colorectal Cancer Screening Tip Sheet Fecal occult blood test CPT codes: 82270, 82274 Flexible sigmoidoscopy CPT codes: 45330-45350 Colonoscopy codes: <ul style="list-style-type: none"> CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 ICD-9: 45.22-45.23, 45.25, 45.42-45.43 CT colonography CPT codes: 74261-74263 Stool DNA (sDNA) with FIT CPT code: 81528	N/A
Immunization: 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	Immunizations: Adults Tip Sheet Adult Immunization Codes: Influenza- 90630, 90653-90654, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 Zoster- 90736, 90750 Tdap- 90714, 90715	N/A

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	Lead Screening in Children Tip Sheet Lead Screening Codes: 83655 For a full list of codes see the CBI Tech Specs .	N/A
Health Equity Measure				
Measure	Summary Definition	Member Eligibility	Resources	Points Possible
Health Equity*	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.	N/A	CBI Technical Specifications Child and Adolescent Well-Care Visits Tip Sheet Well-Visit Codes: 99382-99385, 99392-99395, Z00.00-Z00.01, Z00.121-Z00.129, Z01.411, Z01.419, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2	5

Fee-for-Service

Practice Management Measures		
Measure	Summary Definition	Resources
Adverse Childhood Experiences (ACEs) Training and Attestation	Plan shall pay providers, which includes mid-level providers, for completing the ACEs training and attestation. The plan will pay each CBI group \$200 that the provider practices under.	\$200 one-time payment Single time payment after receipt of State notification of training and attestation completion. Payments do not reoccur yearly or quarterly.
Patient Centered Medical Home (PCMH) Recognition	Plan shall pay a one-time payment of \$2,500 to providers for achievement of NCQA recognition or The Joint Commission (TJC) certification. A copy of the recognition/ certification must be received by the Alliance. Payments do not reoccur yearly or quarterly.	For providers submitting their initial application for NCQA PCMH Recognition, use Alliance discount code CCAAHA to save 20% on your initial application fee. CBI Technical Specifications
Behavioral Health Integration	Plan shall pay a \$1,000 one-time payment to providers for achievement of NCQA Distinction in Behavioral Health Integration. Payments are made a single time after distinction is received by the Alliance. Payments do not reoccur yearly or quarterly.	CBI Technical Specifications



Health and Wellness Rewards Program

Measure	Summary Definition	Resources
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.	Breast Feeding Support and Breast Pump Benefit International Board-Certified Lactation Consultants and Breast Pump Vendor List Health Education and Disease Management Programs To refer members: Health Programs Referral Form - Central California Alliance for Health (thealliance.health)
Healthy Weight for Life (HWL)	Members between the ages of 2 to 18, with a BMI of >85 th , 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 quarterly raffle for a chance to win a bike.	Health Education and Disease Management Programs To refer members: Health Programs Referral Form - Central California Alliance for Health (thealliance.health)
Healthier Living Program Workshops	When members attend a 6-week workshop, that teaches skills to help manage chronic disease (nutrition, goal setting, and how to better communicate with providers and family members), they can receive a \$50 gift card.	Health Education and Disease Management Programs To refer members: Health Programs Referral Form - Central California Alliance for Health (thealliance.health)
Immunizations: Adolescents	Adolescent members turning 13 years of age who have received the following vaccinations by the time of their 13th birthday, will be entered into a quarterly raffle for a \$50 gift card. <ul style="list-style-type: none"> • 1 dose meningococcal conjugate • 1 dose tetanus, diphtheria, and pertussis (Tdap) • 2 doses of human papillomavirus (HPV) 	** Measure requires provider to submit claims and update immunization registry Immunization Resource web page
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.	**Measure required provider to submit claims and update immunization registry. Immunization Resource web page
Immunizations: Children	Toddler members turning 2 years of age who have received all of the following vaccinations by their 2nd birthday, will be entered into a quarterly raffle for a \$100 gift card. <ul style="list-style-type: none"> 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) 	** Measure requires provider to submit claims and update immunization registry Immunization Resource web page

	2 or 3 rotavirus (RV) 1 hepatitis A (HepA) 2 influenza (flu)	
Nurse Advice Line	Members who call the Alliance Nurse Advice Line are eligible to be entered into a monthly raffle to win a \$25 gift card.	Health Education and Disease Management Programs
Healthy Moms and Healthy Babies (HMHB) Program	Members who see their doctor 1 to 12 weeks after having a baby will receive a \$25 target gift card.	Health Education and Disease Management Programs
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 will be entered into a monthly raffle for a \$25 gift card.	Health Education and Disease Management Programs
Well-Child Visit First 15 Months of Life	Members who completed 6 or more well-visits by 15 months of age will be eligible to be entered into a yearly raffle to win a \$150 gift card.	Health Education and Disease Management Programs

*New measures in 2023

**Measure change in 2023

Questions?

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



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

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

Measure Description

The percentage of members ages 1-20 years of age who are screened for Adverse Childhood Experiences (ACEs) annually using a standardized screening tool.

Measure Change for 2023

The Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents has moved from an Exploratory measure in 2022 to a paid measure in 2023.

Incentive

Incentives will be paid to the linked primary care provider (PCP) on an annual basis, following the end of Quarter 4. For additional information, refer to the 2023 [CBI Technical Specifications](#).

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.

Coding Requirements

[Online training and attestation are required to receive payment and to be compliant for the measure.](#)
Providers will qualify for a onetime payment for completing the training and attestation.

After training and attestation is completed, providers can start submitting claims after the following month (i.e., training and attestation is completed in July, start submitting claims in August) to ensure payment will go through.

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.
<https://www.acesaware.org/learn-about-screening/billing-payment/>

Updated 09/08/2022

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health

14 | Central California Alliance for Health

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.
- 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.
- **ACE Screening Implementation How-To-Guide. Select an ACE screening champions to engage staff and create a small group for making key decisions on the implementation process.** These champions should represent different departments of work in and outside of your clinic. For example, the champions could include clinical staff (PCPs, medical assistants, nurses), clinic administration (office manager, senior leadership) and community-based organizations (schools, early-intervention services, referrals sources to provide the “patient voice”).
- **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

- **Train clinic staff** on ACE and toxic stress screenings:
 - **Provider training** (PCPs, physician assistants, nurse practitioner): [Becoming ACEs Aware in California Training](#).
 - **Clinic staff training** (medical assistants, nurses, office managers, etc.): [Screening for Adverse Childhood Experiences \(ACEs\)](#) and [ACE Screenings Resource Guide](#).
- **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.
 - Sign up to receive [ACEs Aware news, updates, and educational events](#).
- [ACEs Aware Number Story Exam Room Poster](#)
- [ACEs Aware Patient/Family Education Handouts](#)
- [CDC's ACE resources](#)
- [Video on administering a PEARLS Resilience De-identified, positive and negative screening.](#)
- [ACE Screening Clinical Workflows.](#)
- [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%2Facestudy%2Fabout.html

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



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Child and Adolescent Well-Care Visits Tip Sheet

Measure Description

The percentage of enrolled 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.

Incentive

Incentives will be paid to the linked PCP on an annual basis, following the end of Quarter 4. For additional information, refer to the 2022 and 2023 [CBI Technical Specifications](#).

Documentation Requirements

Documentation must include a note indicating the visit was with a PCP or OB/GYN, and evidence of **all** of the following:

- **Health history:** assessment of the member's history of disease or illness (allergies, medications, immunization status).
- **Physical developmental history:** assessment of the member's specific age-appropriate physical developmental milestones.
- **Mental developmental history:** assessment of specific age-appropriate mental developmental milestones.
- **Physical exam.**
- **Health education/anticipatory guidance:** given by the PCP to the member and/or parents or guardians in anticipation of emerging issues that a child/adolescent and family may face.

Coding Requirements

Well-visit CPT Codes:

New Patients: 99382, 99383, 99384, 99385

Established Patients: 99392, 99393, 99394, 99395

Well-visit ICD-10 Codes: Z00.121, Z00.129, Z00.00, Z00.01

Additional ICD-10 Codes: Z00.2, Z00.3, Z02.5, Z01.411, Z01.419

Billing Frequency:

- 3-17 years: Well-visits payable every 180 days.
- 18-21 years: Well-visits payable once every 12 months.

Data Collection

Data for this measure will be collected using claims, DHCS Fee-For-Service encounter claims, and provider data submissions via the Data Submission Tool (DST) on the [Provider Portal](#).

1. Run a report from your EHR system; or
2. Manually compile patient data (Example: Download your Care-Based Incentives Measure Details report on the Provider Portal and compare to your EHR/paper charts).

Updated 09/08/2022

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.ccah-alliance.org

16 | Central California Alliance for Health

How to Submit Data

This measure allows providers to submit well-child visits from the clinic EMR/EHR system or paper records to the Alliance by the DST contractual deadline. This includes well visits that were completed before the member was eligible for Medi-Cal or during a gap in coverage. To submit, you may upload data files to the DST on the [Provider Portal](#). To be accepted, 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

- The American Academy of Pediatrics (AAP) and Bright Futures recommend annual well-care visits during childhood and adolescence. See the [Bright Futures Periodicity Schedule](#) for a comprehensive schedule up to 21 years of age. Bright Futures also offers guidelines for [early childhood](#) (1-4 years), [middle childhood](#) (5-10 years) and [adolescent](#) (11-21 years) well-care visits.
- **Utilize telehealth visits** for patients that do not feel comfortable coming into the clinic during the COVID-19 pandemic.
- **Leverage missed opportunities** (episodic and sick visits) to increase preventive services (immunizations), as well as convert acute visits into well-visits (sports physicals).
- **Schedule the next well-visit** before the member leaves the clinic, including when they come in for a sick visit.
- **Partnering with key community stakeholders** like school-based clinics.
- **Monitor the [Provider Portal](#) reports** as a tool for identifying members that are due for their well-visit.
- **Create a template** or use age-specific standardized templates in your EHR to maximize documentation of Bright Futures requirements and trigger reminders for the next well visits.
- **Encourage teen-centered care** with adolescent-friendly material and ensured confidentiality through private consultation time with the adolescent.
- **Promote healthy behaviors** and assess for risky behaviors to detect conditions that may interfere with physical, social and emotional development.
- **Grouping child and adolescent well-care visits** has been shown to be as effective as individual well-visits: Parents had longer visits with more content, which was associated with more anticipatory guidance, family-centered care and parent satisfaction.¹
- **[Alliance interpreting services](#) are available to network providers:**
 - **Telephonic interpreting services** are available to assist in scheduling members.
 - **Face-to-face interpreters** can be requested to be at the appointment with the member.
- Route after-hours calls from Alliance members to the **Alliance's Nurse Advice Line: 844-971-8907**.
- Refer patients that have transportation challenges to the **Alliance's Transportation Coordinator at 800-700-3874 ext. 5577**. This service is not covered for non-medical locations or appointments that are not medically necessary.

Resources

- [Get to Know Bright Futures Guidelines and Core Tools](#).
- [Integrate Bright Futures Into Your Electronic Health Record System](#).
- [Practical Tips for Implementing Bright Futures in Clinical Practice](#) from Bright Futures.
- [Promoting Health for Children and Youth with Special Health Care Needs](#) from Bright Futures.
- [Integrating Social Determinants of Health into Health Supervision Visits](#) from Bright Futures.
- [Equitable Health Toolkit](#) from Washington Chapter of the American Academy of Pediatrics.
- American Academy of Pediatrics [A Pediatrician's Guide to an LGBTQ+ Friendly Practice](#)

¹ Coker, T., Windon, A., Moreno, C., Schuster, M., Chung, P. Well-Child Care Clinical Practice Redesign for Young Children: A Systematic Review of Strategies and Tools. [Pediatrics](#). 2013 Mar; 131(Suppl 1): S5-S25.



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Colorectal Cancer Screening - Exploratory Measure Tip Sheet

Measure Description

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer. For Members 46–75 years use any of the following criteria:

- Fecal occult blood test within the last year.
- Flexible sigmoidoscopy within the last 5 years.
- Colonoscopy within the last 10 years.
- CT colonography within the last 5 years.
- Stool DNA (sDNA) with FIT test within the last 3 years.

Exploratory Measure

This is an exploratory measure; there is no payment for 2023. For additional information, refer to the 2023 [CBI Technical Specifications](#).

Exclusions

Members who had colorectal cancer or total colectomy during any time in the member's history.

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, telephone visits, e-visits or virtual check-ins, non-acute inpatient discharges, or non-acute inpatient encounter on a different date of service (DOS), with an advanced illness diagnosis. Visit types need not be the same for the two visits.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with advance illness diagnosis on discharge claim.
 - Dispensed dementia medication.

Coding Requirements

Fecal occult blood test

- CPT: 82270, 82274

Flexible sigmoidoscopy

- CPT: 45330-45350

Colonoscopy

- CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
- ICD-9: 45.22-45.23, 45.25, 45.42-45.43

Updated 12/09/21

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.ccah-alliance.org

18 | Central California Alliance for Health

CT colonography

- CPT: 74261-74263

Stool DNA (sDNA) with FIT

- CPT: 81528

Additional screening codes and exclusion codes are located in the CBI code set located in the [CBI Technical Specifications](#).

Data Collection

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

- Run a report from your electronic health record (EHR) system; or.
- Manually compile patient data. (Example: Download monthly cervical cancer screening quality report or your Care-Based Incentives Measure Details report on the Provider Portal and compare to your EHR/paper charts).

How to Submit Data

This measure allows providers to submit colorectal cancer screenings or evidence of colorectal cancer or total colectomy from the clinic EHR system or paper records to the Alliance by the DST contractual deadline. To submit, you may upload data files to the Data Submission Tool on the [Provider Portal](#). To be accepted, 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**Identify Patients Due**

- Run population health management reports out of your EHR, including either active and inactive members or another time-bound filter. Many practices make patients inactive after 18, 24 or 36 months, which may miss patients due for their colorectal cancer screening.
- Develop prompts or flags that pop up to alert care teams for when members are due for preventative health screenings during chart prep or when a member presents in your health center.

Outreach for Patient Engagement

- Designate a care team member to outreach to patients due for colorectal cancer screening.
- Send targeted mailings, text messages or emails and follow up with telephone calls to chronically noncompliant patients. Studies have shown that the best way to reach patients is by combining a variety of methods, so don't just stop with the old reminder postcard. Pick up the phone or send a text.
- Promote test choice. Studies have shown that when provided with options, many patients choose stool-based testing over colonoscopy for colorectal cancer screening and are more likely to adhere to regular screening when they have a choice of tests

When Patient Presents for Care

- Display culturally appropriate posters and brochures at an appropriate literacy level in patient areas to encourage patients to talk to providers about colorectal cancer screening.
- Ensure screening is ordered when it is due, regardless of the reason for the visit.
- For patients that may have completed their colorectal cancer screening at an outside clinic, assess and document the last time, location and result of their last screening, and have the patient sign a release of records.

- Empower your medical assistants and nurses with standing orders to screen and identify patients currently due or past due for their colorectal cancer screening.
- Don't forget to assess health literacy. A lack of understanding and/or language differences may create barriers in following a recommended care plan.
- A patient may choose to decline screening even if strongly encouraged by the health care team. A patient should be periodically re-assessed and supported to complete screenings as per current guidelines.
- Document the current care plan and routinely provide a copy to the patient.

Post-Visit Follow Up:

- Create prompts in your EMR for screening that do not turn off until results are received rather than when the test is ordered.
- Initiate a patient follow up, recall system and/or log to ensure screening follow-through and results are received.

Creating an Inclusive Culture:

- Access is key! Offer extended hours on weekends and evenings.
- Hire clinicians to accommodate language needs, gender preference and LGBT sensitivity of patients served.
- Encourage continuing medical education (CME) for providers that support culturally competent screening, culturally competent education and diagnosis screening follow up per national guidelines.
- Remember, cultural competence is not just limited to race, ethnicity and culture. Perceptions, values, beliefs and trust can also be influenced by factors such as religion, age, sexual orientation, gender identity and socioeconomic status.

Resources

- [2022 Messaging Guidebook for Black & African American People](#)
- [2018 Asian Americans and Colorectal Cancer Companion Guide](#)
- [2016 Hispanics/Latinos and Colorectal Cancer Companion Guide](#)
- [A Provider's Guide to Colorectal Cancer Screening](#)



INTERPRETER SERVICES

Provider Quick Reference Guide



Telephonic Interpreter Services

Telephonic interpreters are available to eligible Alliance members for Alliance-covered services. Providers may access interpreter services from one of the two approved vendors listed below.

PACIFIC INTERPRETERS

Offers over 200 foreign languages

1. **Dial the toll-free number:** 855-469-5222.
2. **Provide the Alliance access code:** 844038
3. **At the prompt, select desired language:**
 - 1 - For Spanish.
 - 6 - For all other languages or to speak with a Customer Service Associate.
4. **Provide the following:**
 - a. Language needed.
 - b. Caller's first name.
 - c. Doctor's last name and company name.
 - d. City.

CBDIO INTERPRETING

Specializes in indigenous languages from Mexico and Central America

1. **Dial the toll-free number:** 559-840-9384
2. **Provide the Alliance access code:** 844039
3. **Provide the following:**
 - a. Member's full name
 - b. Member's date of birth
 - c. Member's phone #
 - d. Desired indigenous language, including name of town, district, and state, if possible (e.g. San Miguel Cuevas, Juxtlahuaca, Oaxaca)
 - e. Caller's first name
 - f. Doctor's last name or office name
 - g. Appointment time and date

Note: For an indigenous telephonic interpreter services request, please call ahead to schedule for an interpreter.

Brief the interpreter about the type of call and summarize what you wish to accomplish. Provide special instructions as needed.

Face-to-Face Interpreter Service

Face-to-face interpreters are available to eligible Alliance members for Alliance-covered services and will be authorized only when the following situations are present:

- Members who are deaf and/or hard of hearing.
- Abuse or sexual assault issues.
- End-of-life issues.
- Complex procedures or courses of therapy.

Please submit the request form to the Alliance via fax to **831-430-5850**. You can download the Face-to-Face Interpreter Request Form on the [Cultural and Linguistic Services page](#) of the Alliance provider website.

Requests should be made within 5-7 business days for American Sign Language (ASL) and within 7-10 business days for non-ASL. **Additional medical documentation is required for all non-ASL requests.**

Other Interpreter Services for Hearing-Impaired Members (TTY: Dial 711)

Providers may also use the California Relay Service Hearing or Speech Assistance Line at **800-735-2922 (English)** or **800-855-3000 (Spanish)** to communicate with a hearing-impaired member via the phone.

If you have any questions or would like to report issues with quality or interpreter access, please contact the Cultural and Linguistic Team: **Alliance Health Education Line: 800-700-3874, ext. 5580** | listcl@ccah-alliance.org
Additional information on interpreter services can be found on the [Cultural and Linguistics Services page](#) of Alliance provider website.

Partnering with Your LanguageLine Solutions® Interpreter to Ensure Effective Communication

1

STARTING THE SESSION

- Allow the interpreter to start the session by giving you their name and Interpreter ID. Document this information for reference.
- Introduce yourself to the interpreter.
- Brief the interpreter and state the goal of the session and provide any specific instructions.
- Introduce yourself and the interpreter to the limited English proficient, Deaf, or Hard-of-Hearing individual.

2

DURING THE SESSION

- Address the limited English proficient, Deaf, or Hard-of-Hearing individual, not the interpreter. The interpreter will be your voice. Keep in mind that everything stated will be interpreted.
- State information in short, concise sentences. When stating complicated or detailed information, speak at a slow pace and pause often. This allows the interpreter to note, retain, and relay the information. The interpreter may sometimes ask for repetitions or clarification.
- Avoid technical jargon and try to explain specialized terms or concepts.
- Avoid interrupting the interpreter or talking at the same time.
- Do not ask interpreters for their opinion.

3

ENDING THE SESSION

- Ask the limited English proficient, Deaf or Hard-of-Hearing individual if they understood, or if they have any questions or concerns.
- Allow the interpreter to interpret everything before ending the session.

FOR MORE INFORMATION

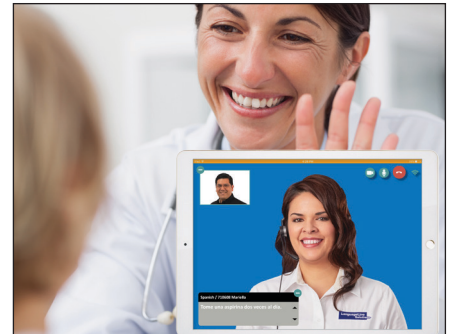
www.LanguageLine.com / 1-800-752-6096



Onsite Interpreters



Phone Interpreters



Video Interpreters



12 Tips on Working Effectively With An Interpreter



Language Line Services hires the very best interpreters available. And then we test, train and monitor them for the highest level of accuracy and professionalism.

With that said, though, language interpretation is a three-way conversation between yourself, your patient and the interpreter.

You and your colleagues can make every interpreter call a more effective and pleasant one for you and your patient just by learning these few simple tips:

1. **Brief the interpreter** – Identify the name of your organization to the interpreter, provide specific instructions of what needs to be done or obtained, and whether you need help with placing a call. The interpreter can assist you in getting the call off to a good start by introducing you and your facility, and then relaying your initial question.
2. **Speak directly to the patient** – You and the patient can communicate directly with each other as if the interpreter were not there. The interpreter will relay the information and then communicate the patient's response directly back you. Also, speak naturally (not louder) and at your normal pace (not slower).
3. **Segments** – Speak in one sentence or two short ones at a time. Try to avoid breaking up a thought. Your interpreter is trying to understand the meaning of what you're saying, so express the whole thought if possible. Interpreters will ask you to slow down or repeat if necessary. You should pause to make sure you give the interpreter time to deliver your message.
4. **Clarifications** – If something is unclear, or if the interpreter is given a long statement, the interpreter may ask you for a complete or partial repetition of what was said, or clarify what was meant by the statement.
5. **Ask if the limited English proficient (LEP) person understands** – Please don't automatically assume that the LEP patient understands you. In some cultures a person may say "yes" as you explain something, but it doesn't necessarily mean they understand. It may just mean they want you to keep talking because they are trying to follow the conversation. Also, keep in mind that a lack of English does not necessarily equate to a lack of education.
6. **Do not ask for the interpreter's opinion** – Avoid asking the interpreter for opinions or comments. The interpreter's job is to convey the meaning of the source language and not allow personal opinion to tinge the interpretation (see the Language Line Services "Code of Ethics").
7. **Everything you say will be interpreted** – Try to avoid private conversations with your colleagues. Whatever the interpreter hears will be interpreted.



12 Tips on Working Effectively With An Interpreter



8. **Avoid jargon or technical terms** – To help your patient and interpreter better understand you, don't use industry jargon, slang, idioms, acronyms, or technical terms. Clarify vocabulary that is unique to the situation, and provide examples if needed to explain a term.
9. **Length of interpretation session** – Many concepts you express may have no equivalent in other languages. The interpreter may have to describe or paraphrase the terms you use. As a result, an interpretation might take twice as long as a conversation carried on in English only. Please avoid interrupting the interpreter while he or she is interpreting.
10. **Reading scripts** – Though we may not notice it, we often talk more quickly when reading a script. When reading a script, prepared text, or a disclosure, please slow down to give the interpreter a chance to keep up with your pace.
11. **Culture** – Professional interpreters are familiar with the culture, and customs of the limited English proficient speaker. During the interpretation session, the interpreter might identify and point out a cultural issue of which you may not be aware of. Also, if the interpreter feels that a particular question is culturally inappropriate, he or she may ask you to rephrase it.
12. **Closing of the call** – The interpreter will wait for you to initiate the closing of the call. When appropriate, the interpreter will offer further assistance and will be the last to disconnect from the call.

© 2005 Language Line Services "In Other Words" Newsletter. For a free subscription, write to HealthLetter@LanguageLine.com.

Languages available for phone or audio interpreting*

Bolded languages with an asterisk indicate which audio interpreting languages are available for DirectResponse.

Acholi	Chaldean	Fukienese	Icelandic	Korean*	Mizo	Quechua	Tajik
Afar	Chamorro	Fulani	Igbo	Krahn	Mnong	Quichua	Tamil
Afrikaans	Chaochow	Fuzhou	Ilocano	Krio	Mongolian	Rade	Telugu
Akan	Chin Falam	Ga	Indonesian	Kunama	Moroccan Arabic	Rakhine	Thai*
Akateko	Chin Hakha	Gaddang	Inuktitut	Kurmanji	Mortlockese	Rohingya	Tibetan
Albanian*	Chin Mara	Gaelic-Irish	Italian*	Kyrgyz	Napoletano	Romanian*	Tigr
Amharic*	Chin Matu	Gaelic-Scottish	Jakartanese	Laotian*	Navajo	Rundi	Tigrigna*
Anuak	Chin Senthang	Garre	Jamaican Patois	Latvian	Nepali*	Russian*	Toishanese
Apache	Chin Tedim	Gen	Japanese*	Liberian Pidgin English	Ngambay	Samoan	Tongan
Arabic*	Chipewyan	Georgian	Jarai	Lingala	Nigerian Pidgin	Sango	Tooro
Armenian*	Chuukese	German*	Javanese	Lithuanian*	Norwegian	Seraiki	Trique
Assyrian	Cree	German Penn. Dutch	Jingpho	Luba-Kasai	Nuer	Serbian	Turkish*
Azerbaijani	Croatian	Gheg	Jinyu	Luganda	Nupe	Shanghainese	Turkmen
Bahasa	Czech	Gokana	Juba Arabic	Luo	Nyanja	Shona	Tzotzil
Bahdini	Danish	Greek*	Jula	Maay	Nyoro	Sichuan Yi	Ukrainian
Bajuni	Dari	Gujarati	Kaba	Macedonian	Ojibway	Sicilian	Urdu
Bambara	Dewoin	Gulay	Kamba	Malay*	Oromo	Sinhala	Uyghur
Bantu	Dinka	Gurani	Kam Muang	Malayalam	Pampangan	Slovak	Uzbek
Barese	Duala	Haitian Creole*	Kanjobal	Maltese	Papiamento	Slovene	Vietnamese*
Basque	Dutch	Hakka China	Kannada	Mam	Pashto*	Soga	Visayan
Bassa	Dzongkha	Hakka Taiwan	Karen*	Mandarin*	Plautdietsch	Somali*	Welsh
Belorussian	Edo	Hassaniyya	Kashmiri	Mandinka	Pohnpeian	Soninke	Wodaabe
Bemba	Ekegusii	Hausa	Kayah	Maninka	Polish*	Sorani	Wolof
Benaadir	Estonian	Hawaiian	Kazakh	Manobo	Portuguese*	Spanish*	Wuzhou
Bengali*	Ewe	Hebrew*	Kham	Marathi	Portuguese Brazilian	Sudanese Arabic	Yemeni Arabic
Berber	Farsi*	Hiligaynon	Khana	Marka	Portuguese Cape Verdean*	Sunda	Yiddish
Bosnian*	Fijian	Hindi*	Khmer*	Marshallese	Pugliese	Susu	Yoruba
Bravense	Fijian Hindi	Hindko	K'ich	Masalit	Pulaar	Swahili*	Yunnanese
Bulgarian	Finnish	Hmong*	Kikuyu	Mbay	Punjabi*	Swedish	Zapoteco
Burmese*	Flemish	Hunanese	Kimiiru	Mien	Putian	Sylheti	Zarma
Cantonese*	French*	Hungarian	Kinyarwand	Mirpuri		Tagalog*	Zo
Catalan	French Canadian*	Ibanag	Koho	Mixteco		Taiwanese	Zyphe
Cebuano							

Translation and Localization top requested languages

More than 360 languages and dialects are available.

/ Afrikaans	/ German	/ Norwegian
/ Albanian	/ Greek	/ Oromo
/ Amharic	/ Gujarati	/ Polish
/ Arabic	/ Indonesian	/ Portuguese (Brazil)
/ Bahasa	/ Haitian Creole	/ Portuguese (Euro)
/ Bengali	/ Hebrew	/ Punjabi
/ Bosnian	/ Hindi	/ Romanian
/ Bulgarian	/ Hmong	/ Russian
/ Burmese	/ Hungarian	/ Serbian
/ Cape Verdean Creole	/ Icelandic	/ Sinhalese
/ Catalan	/ Italian	/ Slovak
/ Chinese (Simplified)	/ Japanese	/ Slovenian
/ Chinese (Trad-HK)	/ Javanese	/ Somali
/ Chinese (Traditional)	/ Karen	/ Spanish (Iberian)
/ Chuukese	/ Kashmiri	/ Spanish (Latin)
/ Croatian	/ Kazakh	/ Sudanese Arabic
/ Czech	/ Khmer	/ Swedish
/ Danish	/ Korean	/ Tagalog
/ Dutch	/ Laotian	/ Tamil
/ Estonian	/ Latvian	/ Telegu
/ Farsi	/ Lithuanian	/ Thai
/ Finnish	/ Macedonian	/ Turkish
/ French (Belgian)	/ Malay	/ Ukrainian
/ French (Canadian)	/ Malayalam	/ Urdu
/ French (Euro)	/ Mandinka	/ Vietnamese
/ Georgian	/ Marathi	

For information on translation: **1-800-878-8523**

Languages available for video interpreting

Albanian	Karen
American Sign Language	Khmer
Amharic	Korean
Arabic	Laotian
Armenian	Lithuanian
Bengali	Malay
Bosnian	Mandarin
British Sign Language	Nepali
Burmese	Polish
Cantonese	Portuguese
Farsi	Punjabi
French	Romanian
German	Russian
Greek	Somali
Haitian Creole	Spanish
Hebrew	Swahili
Hindi	Tagalog
Hmong	Thai
Italian	Tigrigna
Japanese	Turkish
	Vietnamese

For information on audio and video interpretation: **1-800-752-6096**

Learn more about the LanguageLine Solutions® difference at:

WWW.LANGUAGELINE.COM



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Additional Resources

Alliance Care-Based Incentive Webpage

<https://thealliance.health/for-providers/manage-care/quality-of-care/care-based-incentive/>

Alliance Care-Based Incentive Resources

<https://thealliance.health/for-providers/manage-care/quality-of-care/care-based-incentive/care-based-incentive-resources/>

Alliance Immunization Resources

<https://thealliance.health/for-providers/manage-care/quality-of-care/immunization-resources/>

Health Education and Disease Management Webpage

<https://thealliance.health/for-providers/manage-care/health-education-and-disease-management/>

Alliance Cultural and Linguistic Services Webpage

<https://thealliance.health/for-providers/manage-care/cultural-and-linguistic-services/>

Interpreter Services Provider Quick Reference Guide

<https://thealliance.health/for-providers/manage-care/interpreter-services-provider-quick-reference-guide/>

Quick Guide to Health Literacy

<https://health.gov/communication/literacy/quickguide/Quickguide.pdf>

Center for Disease Control (CDC): Everyday Words for Public Health Communication

<https://www.cdc.gov/healthcommunication/everydaywords/>

The Federal Plain Language Guidelines

<https://www.plainlanguage.gov>

Group Health Cooperative Plain Language Toolkit

<http://www.wapatientssafety.org/downloads/GHC-Plain-Language-Toolkit.pdf>

Updated 09/12/22

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.ccah-alliance.org

27 | Central California Alliance for Health