



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

Care-Based Incentive (CBI) 2023 Workshop Webinar Frequently Asked Questions

1) What is the process to notify the Alliance of members who should be excluded or not considered in the measure?

For the measures that allow for exclusions, such as cervical cancer screening and breast cancer screening, there is specific criteria that must be followed to allow for the exclusions. For example, we can receive information on a claim for a bilateral mastectomy, but we also have built in an opportunity for providers to submit this information that is not received on a claim through the Alliance's Provider Portal Data Submission Tool. The [CBI Tip Sheets](#) on the Alliance's website will provide high level information for allowable exclusions, and the [CBI Technical Specifications](#) will provide more detailed information in addition to the linked excel list of the complete exclusion codes.

2) How do we ensure that we have the correct codes for claims?

The CBI Tip Sheets located on the [CBI Resources](#) website, the [CBI Incentive Summary](#), and the [CBI Technical Specifications](#) all include information for codes used in the CBI measures. The complete coding lists for what codes bring a member into a measure, numerator compliance, and denominator exclusions will all be located in the [CBI Technical Specifications](#).

3) How many CBI groups would have received a payment adjustment last calendar year based off the tiers? Are we facing the same challenges across the network?

If the payment adjustment was implemented in 2021, 21% of CBI groups would have received full payment, and 79% would have been impacted by the different tiers. Challenges across the network have lessened over the year and following several conversations with our physician advisory group, they concluded that these metrics were achievable for 2022.

Over the next 3 1/2 months, remember the key takeaways of best practice outlined in the workshop and those referenced in the CBI Tip Sheets. Continue to assess gaps in care, utilize the provider portal reports to recall members as well as submit data through the data submission tool if need be. The CBI Forensics team is available to drill down into individual CBI measures, and the Practice Coaching team can assist your team in achieving your goals in implementing a quality improvement plan or project.

Please reach out to your Provider Relations Representative or our Practice Coaching team at pc@ccah-alliance.org with questions.

Updated 09/20/22

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

4) Can I get a report on any claims that were eligible for the incentive but were missed on the claim? If so, how do I get the report?

Our recommendation is to reconcile your reports on the provider portal against your records. These reports can be found under the Reports section (the IHA report is in the Linked Member section). The Quality Reports are updated monthly, and the Care-Based Incentive Reports are updated quarterly. The codes for the different measures can be found in our [Technical Specifications](#) on the [CBI Resources](#) portion of our website.

5) Will smaller practices get an opportunity to meet CBI criteria?

Family practice, pediatrics, and internal medicine providers are eligible to participate in the CBI program once they sign the CBI contract addendum. Denominator thresholds differ per measure. Smaller practices may qualify for more of the Care-Coordination Access measures that predominately use a denominator threshold of five members, or they may qualify for smaller numbers of the Quality of Care (QOC) measures, but they would still be eligible to receive the full 38 points distributed amongst the QOC measures they do qualify for.

6) Can a member receive more than one incentive?

Yes. If a member is eligible for two, they will receive both incentives. For example, a member who is eligible to receive the second flu dose incentive (meaning they are seven months-24 months) can receive the flu incentive. When they turn two, if they have all the required childhood immunizations, they are eligible for the childhood immunization incentive as well.

7) Are there any immunization incentives for adults?

No, not currently, however, we do hope to expand this program so please stay tuned.

8) How many CBI measures include immunizations?

There are two immunization measures in the CBI Program, 1) Immunization: Children, for members two years old, and 2) Immunization: Adolescents, for members 13-years old.

9) Can we submit blood pressure data through the Data Submission Tool (DST)?

Yes. Our [Controlling High Blood Pressure – Exploratory Measure Tip Sheet](#) has the CPT-II codes needed to recognize whether a patient has controlled or uncontrolled blood pressure. These CPT-II codes can also be included in the claim when billing; however, we recognize that this is not always an option for providers, so the information can be submitted via the data submission tool.

10) Who can submit data through the DST?

Anyone with a provider portal account can submit data. If a staff member needs access to the Provider Portal, please submit a request using the [Provider Portal Account Request Form](#). Alliance staff can also train and provide ongoing support on how to use the Data Submission Tool. In

Updated 09/20/22

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

In addition, other reports are available on the Alliance's Provider Portal that include details on which members need outreach based on our records.

11) How often are reports updated on the provider portal?

The Alliance has many different reports available to you on the portal. Some reports are updated daily, while others are updated monthly or quarterly. The Quality Reports are updated monthly, and the Care-Based Incentive reports are updated quarterly. The Care-Based Incentive reports have similar information as the quarterly practice profiles. The monthly quality reports are not tied to CBI payments, but they can provide more up-to-date information on which members need specific services.

12) How can a provider notify the Alliance that they are ACEs certified?

Providers are not required to notify the Alliance that they have completed their ACEs training. Providers must complete the "[Becoming ACEs Aware in California](#)" Core Training or another DHCS approved training and submit the [Training Attestation](#) on the ACEs Aware website. In the following month after completing the attestation, DHCS will send a monthly file of all the providers who completed their ACEs training, and the provider can then begin billing for the ACE screening for dates of service after the attestation date. If you need assistance in reconciling which providers have completed their attestation email CBI@ccah-alliance.org.

13) How do patients access blood pressure monitors?

Blood pressure monitors are fully covered by Medi-Cal Rx as a pharmacy-billed item, so please send a prescription to the patient's pharmacy. More information can be found in the Provider Bulletin article below, including a link to the covered blood pressure monitoring devices: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.05_A_Medical_Supplies_Pharmacy_Benefit_Addition_of_BP_Monitors_BP_Cuffs.pdf

14) We often find members are not engaging as much in their care. What are some interventions the Alliance is doing to help us reach our members besides offering member rewards?

Member rewards are available to assist in engaging our members more, especially as we scale the projects. For members with high ED utilization rates, readmissions, or could benefit from additional assistance, please refer the member to [Enhanced Care Management Program \(eCM\)](#) and [Complex Case Management](#). In reducing adverse utilization, it will positively impact your CBI payments. With the growth of Population Health work, the Alliance will begin building more programs to help members get engaged in their care.

15) How can physicians prescribe fluoride varnish to patients?

Fluoride varnish is a benefit for Medi-Cal recipients where they can either receive up to three fluoride varnish applications at their PCP office, and two by Denti-Cal per year. Fluoride varnish is

Updated 09/20/22

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

www.thealliance.health



Care-Based Incentive (CBI)



PROVIDER INCENTIVES

not a prescription, but is applied in the PCP's office, often performed by a medical assistant. The CBI program is measuring the percentage of members ages six months to five years (up to before their 6th birthday) who received at least one topical fluoride application by staff at the primary care provider (PCP) office during the measurement year. Fluoride varnish application is recommended to be applied during a well-child visit. We can provide additional training resources around fluoride varnish if needed at your clinic.

16) How often can the fluoride varnish be applied?

According to the Bright Futures periodicity schedule, when teeth are present, members can receive application of fluoride varnish every three to six months in either at the primary care or dental office based on cavity risk. A PCP office can bill the Alliance up to three times a year.

- [Bright Futures/AAP Recommendations for Preventive Pediatric Health Care](#)

17) When will quarter two data for 2022 become available?

The Alliance Provider Relations Representatives have begun distributing the Q2 2022 CBI Practice profiles. Provider Portal 2022 Q2 CBI data has been released to the portal as of the week of the September 19th.

18) Are there any planned learning collaboratives in the near future?

The Alliance is working on creating a workshop for providers that will cover ACEs (Adverse Childhood Experiences) training. If there is a topic of interest for a future collaborative, please reach out to your Provider Relations Representative.