

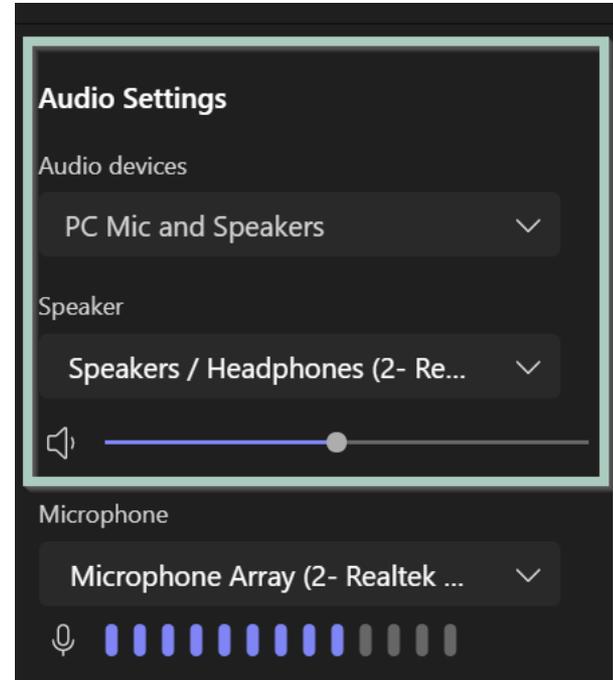
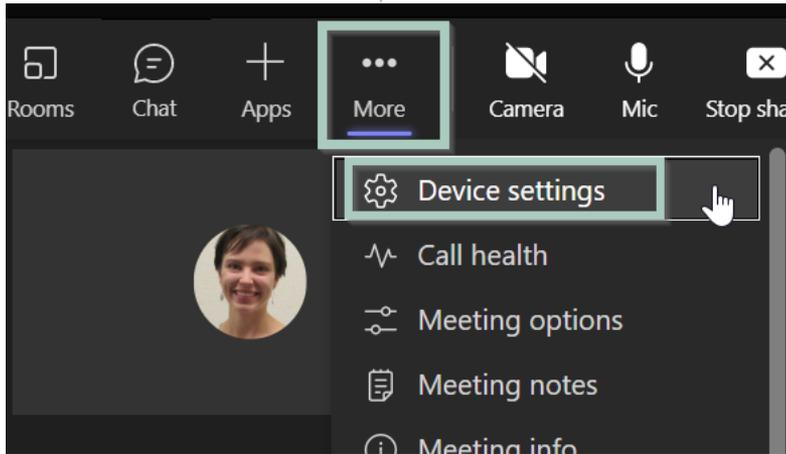


# 2023 CARE-BASED INCENTIVE

Kristen Rohlf, MPH  
Annecy Majoros, BA  
Jo Pirie, BS

# Housekeeping

- Use Chat to submit questions
- For audio troubleshooting



# Today's Host and Guests



**Jo Pirie**  
Quality Improvement  
Program Advisor II



**Mao Moua**  
Quality and Health  
Programs Supervisor



**Dale Bishop MD**  
Medical Director

# Today's CBI Presenters



**Kristen Rohlf**  
Quality Improvement  
Program Advisor IV



**Annecy Majoros**  
Quality Improvement  
Program Advisor II

# Agenda

- 01 Program Overview
- 02 What's New?
- 03 Modified Measures
- 04 Exploratory Measures
- 05 Retired Measures
- 06 Effective Member and Provider Communication
- 07 Resources



# CBI 2022 Reminder - Payment Adjustment

- Managed Care Plans (MCP) must meet:
  - Department of Health Care Service's (DHCS) Minimum Performance Level (MPL) for their Managed Care
  - MPL = the national Medicaid 50th percentile
- MCPs that fail to meet MPLs are subject to:
  - Plan Do Study Act (PDSA) and/or Performance Improvement Projects (PIPs)
  - Sanctions
  - Corrective Action Plans (CAPs)

*CBI Payment Adjustment impacts Quality of Care metrics*



# CBI 2022 Reminder - Payment Adjustment

- For Quality of Care measures below the 50<sup>th</sup> percentile, payment will be adjusted as follows

Tier	Performance <50 <sup>th</sup> Percentile	CBI Programmatic Payment Adjustment
1	1-3 measures >25 <sup>th</sup> and <50 <sup>th</sup> and no metrics <25 <sup>th</sup>	Payment reduction of 25%
2	4 or more measures >25 <sup>th</sup> and <50 <sup>th</sup> and no metrics <25 <sup>th</sup>	Payment reductions of 50%
3	1-3 measures <25 <sup>th</sup>	Payment reduction of 75%
4	4 or more measures <25 <sup>th</sup>	No CBI Payment



# Program Overview

Established: 2010

Purpose:

- Encourage PCPs to promote and implement the Patient Centered Medical Home model
- Improve access to care
- Promote delivery of quality high-value care



# Fee-for-Service vs Programmatic

## Fee-for-Service

- A single payment incentive paid quarterly
- No rate calculation
- No minimum eligible member requirements

## Programmatic

- Payment is based on
  - Comparison Group Performance
  - CBI score
  - Eligible member months
  - Risk stratification score
- Payment occurs annually (end of Q4)
- Quarterly rates for the measures
- Rolling 12-month measurement period



Measure Type	Measure	Points
Care Coordination Access	Adverse Childhood Experiences (ACEs) Screening in Children & Adolescents	3
	Application of Dental Fluoride Varnish	2
	Developmental Screening in the First Three Years	2
	Initial Health Assessment	4
	Post-Discharge Care	10.5
Care Coordination Hospital & Outpatient	Ambulatory Care Sensitive Admissions	7
	Plan All-Cause Readmissions	10.5
	Preventable Emergency Visits	8
Quality of Care	BMI Assessment: Children & Adolescents	38 points/ number of measures you qualify for
	Breast Cancer Screening	
	Cervical Cancer Screening	
	Child and Adolescent Well-Care Visits	

Measure Type	Measure	Points
Quality of Care Continued	Diabetic HbA1c Poor Control >9.0%	38 points/ number of measures you qualify for
	Immunization: Adolescents (Combo 2)	
	Immunizations: Children (Combo 10)	
	Screening for Depression and Follow-up Plan	
	Well-Child Visits First 15 months of Life	
Health Equity	Health Equity: Child and Adolescent Well-Care Visit	5
Performance Target	Performance Improvement	10
	Member Reassignment Threshold	N/A
Exploratory	Chlamydia Screening in Women	Do not qualify for points
	Controlling High Blood Pressure	
	Immunization: Adults	
	Lead Screening in Children	

Measure Type	Measure	Payment
<b>Fee-For-Service</b>	Adverse Childhood Experience (ACEs) Training and Attestation	\$200
	Behavioral Health Integration	\$1,000
	Patient Centered Medical Home (PCMH) Recognition	\$2,500

# Program Overview

## Care-Based Incentive (CBI) Program Practice Profile



Practice: **FAMILY PRACTICE**  
 Programmatic Report Period From: **2021-04-01**  
 Programmatic Report Period To: **2022-03-31**  
 Your total Member Months year to date: **19,727**  
 Your average practice membership per month: **6,576**  
 Peer average practice membership: **5,143**  
 Your total Member Months for last 12 months: **78,599**  
 Programmatic Points: **92.7**

Care Coordination - Access Measures	Your Practice	Plan Benchmark	Plan Goal	Eligible for Measure	Possible Points	Practice Points
<b>Application of Dental Fluoride Varnish</b>						
Members eligible	708					
Members with fluoride varnish	500					
Rate (%)	70.62%	5%	15%	Yes	2.00	2.00
<b>Developmental Screening in the First 3 Years</b>						
Members eligible	280					
Members screened	127					
Rate (%)	45.36%	33%	40%	Yes	2.00	2.00
<b>Initial Health Assessment (IHA)</b>						
Members eligible	413					
Members with an IHA	228					
Rate (%)	55.21%	50.6%	54.65%	Yes	5.00	5.00
<b>Post-Discharge Care</b>						
Members eligible	141					
Members with a Post-Discharge Visit	63					
Rate (%)	44.68%	35.1%	37.91%	Yes	10.50	10.50
<b>Unhealthy Alcohol Use in Adolescents and Adults</b>						
Members eligible	4,592					
Members screened	1,906					
Rate (%)	41.51%	2.5%	12.5%	Yes	3.00	3.00
Care Coordination - Hospital & Outpatient Measun	Your Practice	Plan Benchmark	Plan Goal	Eligible for Measure	Possible Points	Practice Points
<b>Ambulatory Care Sensitive Admissions (ACSA) <sup>1</sup></b>						
Preventable admissions / Total admissions	4 / 170					
Percent preventable	2.35%					
Overall admission rate per (PKPY)	25.95 PKPY	3.74 PKPY	3.44 PKPY	Yes	8.00	8.00
Rate of ACSA (PKPY)	0.61 PKPY					
<b>Plan All-Cause Readmission <sup>1</sup></b>						
Plan All-Cause Readmission/Total admissions	3 / 42					
Rate (%)	7.14%	25%	15%	Yes	10.50	10.50
<b>Preventable Emergency Visits <sup>1</sup></b>						
Preventable ED visits / Total ED visits	384 / 2886					
Percent preventable	13.31%					
Overall ED rate per (PKPY)	440.62 PKPY	88.01 PKPY	80.97 PKPY	Yes	9.00	9.00
Rate of preventable ED visits (PKPY)	58.63 PKPY					

## CBI Practice Profiles

- Available Quarterly
- Distributed by your Provider Relations Representative
- Indicate any eligible FFS payment in the quarter



## Programmatic & Fee-For-Service Measures

Q1 2022			Q2 2022			Q3 2022			Q4 2022			Q1 2023			Q2 2023			Q3 2023			Q4 2023					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Programmatic rolling 12-month measure eligibility <sup>1</sup>																										
CBI Q4 2022 Programmatic Payment Period																										
									Q4 2022 FFS Payment Period																	
Programmatic rolling 12-month measure eligibility <sup>1</sup>												Q1 2023 FFS Payment Period														
									Programmatic rolling 12-month measure eligibility <sup>1</sup>						Q2 2023 FFS Payment Period											
												Programmatic rolling 12-month measure eligibility <sup>1</sup>									Q3 2023 FFS Payment Period					
												Programmatic rolling 12-month measure eligibility <sup>1</sup>														
																								Q4 2023 FFS Payment Period		



# Member Health and Wellness Rewards



## Reward Programs

- Well-Child Visits First 15 Months of Life
- Childhood and Adolescent Immunizations
  - Infant 2nd flu dose
- Healthy Moms and Healthy Babies Program
- Healthy Weight for Life
- Healthier Living Program

**Immunizations**  
It's important to stay on track with your child's vaccines. Your child's doctor can tell you what vaccines your child needs and when they need to be seen to keep on the vaccine schedule. If the vaccine is required time, then you will be entered into a raffle for a Target gift card.

- Children ages 7 to 12 who have had their 2nd flu shot dose will be entered into a raffle for a \$100 Target gift card.
- Children who completed their childhood immunizations will be entered into a raffle for a Target gift card.
- Adolescents who completed their adolescent immunizations will be entered into a raffle for a Target gift card.

**Well-Child 15 Months**  
Newborns and their doctor tell you when to bring your child to the doctor for their first well-child visit. The schedule to make an appointment is as follows:

- Every 1 month from the first visit to 2 months of age.
- Every 2 months from 2 to 24 months of age.
- Every 6 months from 24 months to 5 years of age.

**Cov Koob Tshuaj Txhaj Tiv Thav Kab Mob**  
Nws yog ib qho tseem ceeb kom koj mus raws li koj tus menyuum cov kev mus koob koob tshuaj txhaj tiv thav kab mob. Koj tus menyuum tus kwis kmo mob yuav cov rau koj tias koj tus menyuum yuav cov koob tshuaj txhaj tiv thav kab mob thib cov sijhawm uas lawv yuav ntshib los mus txais cov koob tshuaj txhaj tiv thav kab mob kom ncv sijhawm ncuu. Yog tias koj tus menyuum koob tshuaj txhaj tiv thav kab mob sijhawm, koj tus menyuum yuav tso rau hauv ib qho kev rho npo seb nws puas muaj teem yeej yeej khoom plig mus rau lub khw tshuaj.

- Cov menyuum uas muaj ntawm 7 lub hl mus txog tau txais ob koob tshuaj txhaj tiv thav kab mob rau lub khw tshuaj txhaj tiv thav kab mob no los saib seb nws puas ngav khoom plig \$100 Target.
- Cov menyuum uas tau koob tshuaj txhaj tiv thav thaum muaj 2 xyoo, rau ib qho kev rho npo saib seb nws puas khoom plig \$100 Target.
- Cov tub ntxhais hli cov koob tshuaj txhaj tiv thav muaj 13 npo rau ib qho kev rho npo saib seb nws puas khoom plig \$50 Target.

**Ib Qho Kev Nte Menyuum Kev Thiab Yaus Di - Rau Cov Noj Thiab Yaus Di**  
Cov menyuum me thiab cov menyuum mus ntshib lawv tiv cov menyuum uas

**Central California Alliance for Health (la Alianza) se preocupada por su salud!**  
Todos tienen diferentes necesidades para el cuidado de su salud y la Alianza está aquí para trabajar con su proveedor de cuidado primario (Primary Care Provider; PCP) por sus siglas en inglés) para que siga saludable. Con el Programa de Premios de Salud y Bienestar de la Alianza, puede recibir un premio por mantenerse cuidado de rutina. Estas son las maneras en las que puede ganar un premio para usted y su familia.

**Línea de Consejos de Enfermeras de sus siglas en inglés)**  
Si tiene alguna pregunta relacionada con la salud, llame a la Línea de Consejos de Enfermeras de la Alianza de Consejos de Salud. Una enfermera registrada responderá a sus preguntas relacionadas con la salud. Puede llamar las 24 horas del día, los 7 días de la semana!

844-971-8907  
TTR: Marque al 711  
Al llamar, participará en una rifa para tener la oportunidad de ganar una tarjeta de regalo de Target de \$50.

**Programa Mamás Saludables y Bebés Saludables (Healthy Moms and Healthy Babies Program; HMHB, por sus siglas en inglés)**  
Con nuestro Programa Mamás Saludables y Bebés Saludables, puede aprender cómo usted y su bebé pueden mantenerse sanos. También puede obtener un premio por ver a su doctor.

- Si consulta a su doctor dentro de las primeras 13 semanas de su embarazo o a la Alianza, participará en una rifa para tener la oportunidad de ganar una tarjeta de regalo de Target de \$50.
- Cuando consulte a su doctor de 3 a 8 semanas después de tener al bebé, recibirá una tarjeta de regalo de Target de \$25.

**Programa Peso Sano de por Vida (Healthy Weight for Life Program; HWL, por sus siglas en inglés)**  
Si su hijo(a) tiene entre 2 y 18 años y le quiere ayudar a lograr un peso saludable, entonces el Programa Peso Sano de por Vida puede ayudar a conocer las herramientas que necesita para ayudar a su hijo(a) a mantenerse sano.

Puede recibir una tarjeta de regalo de Target de hasta \$100 por asistir. Si completa el taller, tendrá la oportunidad de ganar una bicicleta.

**Programa Tomando Control de su Salud (Healthier Living Program; HLP, por sus siglas en inglés)**  
Si desea aprender cómo manejar su Tomando Control de su Salud es el programa. Asista al taller de 6 semanas para recibir las herramientas que le ayudarán a mantenerse saludable. Puede recibir una tarjeta de regalo de Target de hasta \$50 por asistir.

**Alliance Health and Wellness Rewards**

**Alliance Cov Noj Zog Rau Kev Nyob Noj Qab Hauv Hov thiab Nuj Zoo**



# Population Health

Low Risk



Moderate Risk



High Risk



# 2021 CBI Top Performers

## Santa Cruz County

Pediatric Medical Group of Watsonville  
Plazita Medical Clinic  
Melissa Z Lopez-Bermejo

## Monterey County

St Junipero Clinic Inc  
Romie Lane Pediatrics  
Santa Lucia Medical Group

## Merced County

Newman Medical Clinic  
Merced Faculty Associates Medical Group  
Long Thao, M.D. INC.



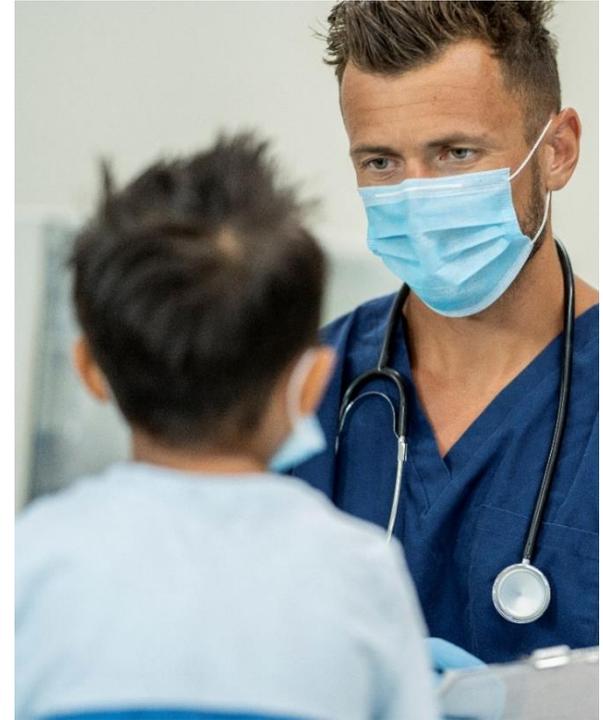
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# California ACEs Aware Initiative

- Launched by California Surgeon General & DHCS
- Provides training, clinical protocols, screening tools and resource information
- ACE Screening Implementation Guide
- Community grants
- [Mandated Reporters & ACE screenings](#)



ACES Aware Website: <https://www.acesaware.org/>



# Fee-For-Service: ACEs Training and Attestation



## Measure

This measure is intended to provide compensation for time to complete the ACE training and attestation

## Payment

\$200 for PCPs and non-physician medical practitioners, credentialed as primary care providers, and/or qualifying residents

## Qualification

- Completed "Becoming ACEs Aware in California" Core Training
  - <https://www.acesaware.org/learn-about-screening/training/>
- Submitted Training Attestation
  - National Provider Identifier (NPI); Clinic name and address
  - <https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx>



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# Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents



\$ 29.00

## Measure

Percentage of members 1 – 20 years of age who were screened for Adverse Childhood Experiences (ACEs), using a standardized screening tool, during the measurement period.

## Codes

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

**For FQHCs, ACEs screening will need to be submitted on a separate claim from the visit.**



# Health Equity Measure

## Measure

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 equitable access to primary care

## Metric

NCQA HEDIS Child and Adolescent Well-Care Visit

## Goal

50% gap closure to 50<sup>th</sup> or 75<sup>th</sup> percentile

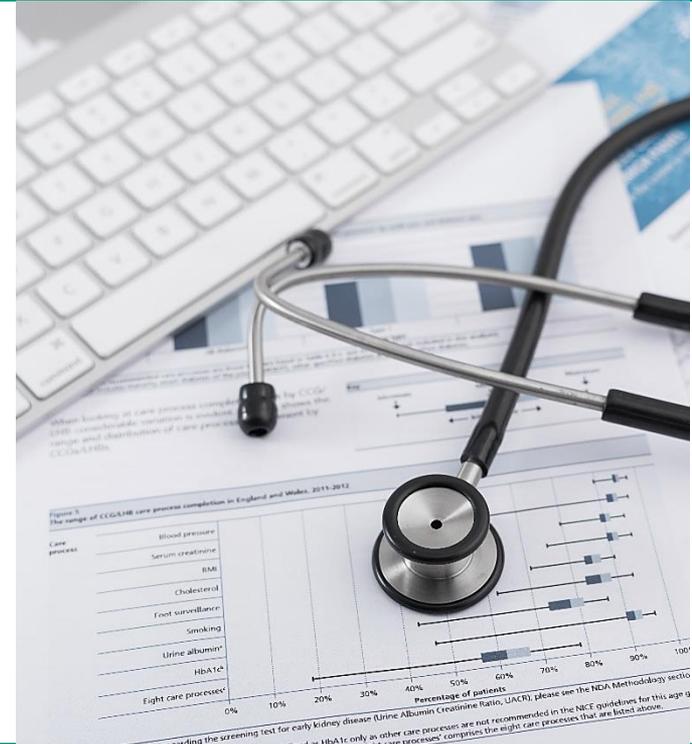
## Baseline

Quarter 4, 2022 CBI rates



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# Colorectal Cancer Screening



## Measure

The percentage of members 45 – 75 years of age who had an appropriate screening for colorectal cancer.

## Tips!

- Identify members who are due for screenings through EHR including active and inactive members
- Submit history of colorectal cancer screening via Data Submission Tool



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## Retired Measures

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

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*“Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of patient-physician relationship.”*



# EFFECTIVE MEMBER AND PROVIDER COMMUNICATION

## OBJECTIVES:

1. Defining Effective Member Communication
2. Addressing Effective Communication
3. Tips and Strategies
4. Questions

# Defining Effective Member Communication

- Effective communication is bidirectional between members and healthcare systems
  - Members need to be able to convey information about their health
  - Providers must be able to adequately comprehend and interpret the health information being shared by members



# Addressing Effective Member Communication



Three-pronged approach:

1. Member Health Literacy
2. Cultural Competency
3. Language Barriers



# Health Literacy

Health literacy is defined as the member's ability to obtain, comprehend, communicate and understand basic healthcare information and services.

- Poor health literacy = higher rates of emergency and inpatient healthcare
- Low health literacy = affects the quality of member interaction with healthcare system



# Important Healthy Literacy Facts

- The average reading level of someone with Medi-Cal is?
  - **4<sup>th</sup> – 6<sup>th</sup> grade**
- Most health-related material is written at which reading grade level?
  - **10th grade**
- **Hispanic adults** have the lowest average health literacy scores of all racial/ethnic groups, followed by blacks
- **Nearly 9 out of 10 adults** struggle with health literacy,
  - They are more likely to: have poor health outcomes, make medication errors, and skip preventative services



# Cultural Competency

Cultural competency is a strategy to eliminate racial and ethnic disparities in healthcare.

- Cultural sensitivity and cultural awareness
- Patient and Member Relationship:
  - Race-and-socioeconomic-status-concordant providers = meaningful interactions with their members
  - Members with race-concordant relationships with their provider = greater satisfaction with the care than those who did not
  - Changing from a one-size-fits all approach.



# Language Barriers

- Language barriers are not always immediately evident
- All staff should be trained to use the language services, and services should be integrated operations
- Use qualified interpreters
- Limited English Proficiency (LEP) Members:
  - Someone who does not speak English as their primary language with a limited ability to read, write, or understand English



# Recognizing LEP Members

A LEP member might:

- Have their child/friend/family member call to make their appointment
- Speak to the bilingual receptionist in Spanish (or other non-English language)
- Have difficulty filling out paperwork
- Ask few questions and avoid initiating conversation
- Nod or simply say “yes” to most questions or comments
- Give unusual or inconsistent answers

***Remember: Someone who is not fluent in English will have even greater difficulty understanding medical information in English.***



# The Importance Of Using Qualified Interpreters

## Why use Interpreter Services?

- Improve communication, meet member needs and achieve better outcomes
- Expand cultural awareness
- Increase member & provider satisfaction
- Comply with state law and contract requirements



# Tips and Strategies

Improve Member Communication with All Staff.

Strategies for clear communication:

- Give a warm greeting
- Maintain eye contact
- Listen carefully
- Be aware of member's body language and their own
- Speak slowly, use plain language, and avoid the use of medical jargon
- Use graphics and demonstrations when appropriate
- Schedule ahead and using qualified interpreters



# Tips and Strategies

Strategies for effective communication:

- **BATHE Protocol**
  - **B**ackground: What is going on in your life?
  - **A**ffect: How does that affect you?
  - **T**roubles: What troubles are you experiencing?
  - **H**andling: How are you handling them?
  - **E**mpathetic Statement: That must be very difficult for you
- **Teach Back Method**
  - Ask the member to repeat back what they have been told in their own words



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# The Alliance's Practice Coaching Program

## Goal

To engage and support individual clinics in quality improvement work

## Benefits

- Support in QI methods
- Technical assistance for Data & EHR optimization
- Access to QI-related tools and assistance with selecting/adapting
- Enhanced connections to Alliance resources

**Questions?** [pc@ccah-alliance.org](mailto:pc@ccah-alliance.org)

Naomi



Veronica



Eleni



# The ABC's of Quality Improvement Video Series

**Support clinic teams** with Quality Improvement efforts

**Guide your QI project**, provides framework

## Available videos

- SMART Aim Statements
- Project Charters
- Process Maps
- Lean Wastes
- Data *(coming October 2022!)*

**Link:** <https://thealliance.health/for-providers/resources/training/>  
**Questions?** Contact [pc@ccah-alliance.org](mailto:pc@ccah-alliance.org)



Home > Video 1: SMART Aim Statements

## Video 1: SMART Aim Statements

POSTED APRIL 2, 2021

Category: Trainings

Tags: Practice Transformation Academy

A video player interface for 'Video 1: SMART Aim Statements'. The video title is 'Video 1: SMART Aim Statements'. The video content shows two healthcare professionals in a discussion. The video player includes a play button, a 'Watch later' button, and a 'Share' button. The video player is set against a background of the video content.

Watch on YouTube

- Creating a SMART Aim Statement Worksheet
- Additional Resources

# Enhanced Care Management (eCM)

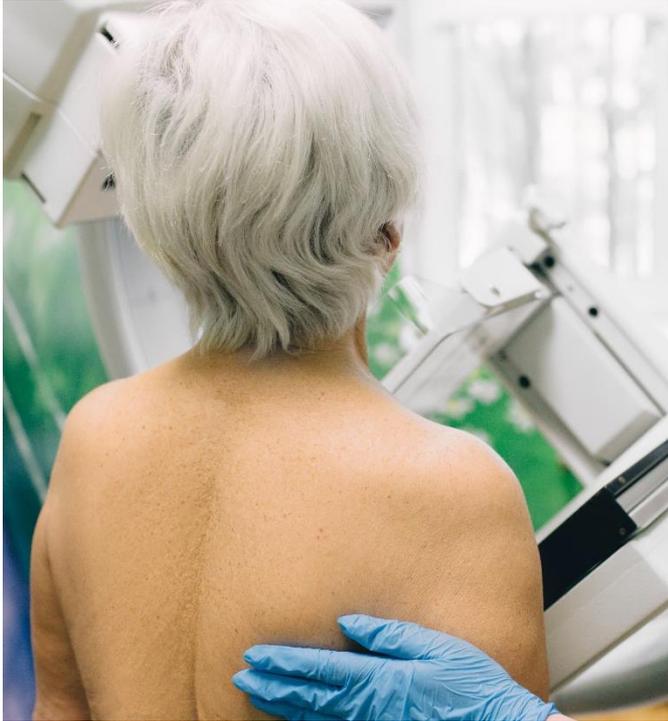
- New benefit from CalAIM
- Current populations
  - Individuals and Families Experiencing Homelessness
  - High Utilizer Adults
  - Adults who have SMI/SUD conditions
- Community Supports

**eCM:** <https://thealliance.health/for-providers/enhanced-care-management-provider-referral-form/>

**Community Supports:** <https://thealliance.health/for-providers/community-supports-provider-referral-form/>



# PDSAs in Practice - Breast Cancer Screening Project



## Measure

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.

## Tips!

- Utilize Provider Portal to identify members due for screenings
- Submit history of mastectomy and mammograms via Data Submission Tool
- Create standing orders



# Controlling High Blood Pressure



## Measure

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled.

## New Pharmacy Benefit!

As of 6/1/22, personal home use blood pressure monitors and cuffs will be covered.

- No diagnosis of HTN needed
- No prior authorization required
- No age restrictions



# Developmental Screening Billing Best Practices

## Developmental Screening

- Ages: 9, 18 and 30 months
- Validated Tools: ASQ-3, PEDS, PEDS-DM, SWYC, BDI-ST, BINS, CDI
- Frequency: twice in a 12-month period (only one test administered per day)
- CPT: 96110

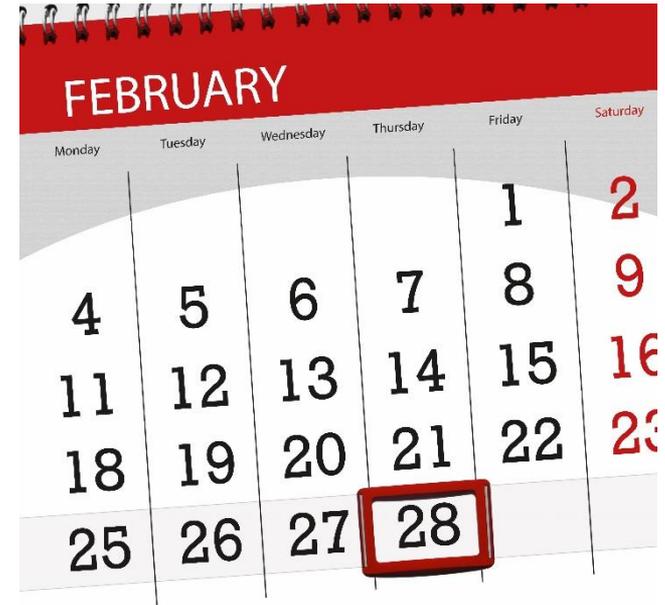
## Autism Spectrum Screening

- Ages: 18 and 24 months
- Validated Tools: MCHAT
- Frequency: twice in a 12-month period (only one test administered per day)
- CPT: 96110
- Modifier: KX



# Submission Timeline

Quarterly	Supplemental Data Due Date
2022 – Quarter 4	February 28, 2023
2023 – Quarter 4	February 29, 2024 (leap year!)



## Best Practice

Submit data **monthly** or **quarterly** to track progress



# Immunization Resources

## Flu reminders

- Members 6 months – 8 year-olds need 2 doses when receiving flu vaccine for first time
- 2<sup>nd</sup> flu dose incentive for 7 months – 2 year-olds

## COVID-19 reminders

- 6 months and older eligible
- Patients 6 months – 4 years need to be seen at PCP
- Regulatory vaccines can be given at the same time

## Vaccine reminders

- Start cancer prevention HPV series at 9 years
- Child and adolescent member incentive raffles
- Adults need Zoster, Pneumococcal, Tdap & Flu
- Make strong recommendations

## **R**ULE

**R**esist the urge to correct  
**U**nderstand their perspective  
**L**isten with empathy  
**E**mpower



# Key Points & Takeaways



- ★ Utilize the **CBI Incentive Summary** and **Tip Sheets** as a guide to rate improvement
- ★ Access the Provider Portal to **keep track of quarterly performance**
- ★ **Schedule virtual CBI Forensics** to review your trends and performance
- ★ View **Practice Transformation Academy Videos** via the Provider Webpage
- ★ Curious about **Practice Coaching**? Reach out to [pc@ccah-alliance.org](mailto:pc@ccah-alliance.org)!

# Questions?



# Contact Information

## CBI Team

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Main email: [cbi@ccah-alliance.org](mailto:cbi@ccah-alliance.org)

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## Cultural & Linguistic Services

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Mao Moua, MPA: [mmoua@ccah-alliance.org](mailto:mmoua@ccah-alliance.org)

## Provider Relations Representative

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Questions &



Answers

