



Care-Based Incentive Introduction

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AGENDA

- 1 Program overview
- 2 CBI resources
- 3 CBI measures
- 4 Provider Portal
- 5 Data Submission Tool
- 6 CBI forensics visits

PROGRAM OVERVIEW

- Established in 2010
- Program purpose:
 - Encourage PCPs to promote and implement the Patient-Centered Medical Home model.
 - Improve access to care.
 - Promote delivery of quality high-value care.



MEASURE TYPES



PROGRAMMATIC

- Payment occurs annually (following Q4).
- Quarterly rates for the measures.
- Rolling 12-month measurement period.
- Some members are excluded from the measures.
- Certain codes are required for the measures.



FEE-FOR-SERVICE (FFS)

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





CBI TIMELINE

Programmatic & Fee-For-Service Measures																										
Q1 2024			Q2 2024			Q3 2024			Q4 2024			Q1 2025			Q2 2025			Q3 2025			Q4 2025					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
CBI Q4 2024 Programmatic rolling 12-month measure eligibility																										
CBI Q4 2024 Programmatic Payment Period																										
									Q4 2024 FFS Payment Period																	
Q1 2025 Programmatic rolling 12-month measure eligibility																										
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												Q2 2025 Programmatic rolling 12-month measure eligibility														
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												Q3 2025 Programmatic rolling 12-month measure eligibility														
																								Q3 2025 FFS Payment Period		
												Q4 2025 Programmatic rolling 12-month measure eligibility														
																								Q4 2025 FFS Payment Period		



CBI PRACTICE PROFILES

 Care-Based Incentive (CBI) Program Practice Profile 							
Practice		Clinic name		Specialty Category		FAMILY PRACTICE	
Programmatic Report Period From		2024-04-01		Your total Member Months year to date		54,854	
Programmatic Report Period To		2025-03-31		Your average practice membership per month		18,284	
				Peer average practice membership		5,678	
				Your total Member Months for last 12 months		216,199	
				Programmatic Points		94.3	
Care Coordination - Access Measures	Your Practice	Plan Benchmark	Plan Goal	Improvement Rate (%) *	Eligible for Measure	Possible Points	Practice Points
Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents							
Members eligible	8,077						
Members screened	3,178						
Rate (%)	39.35%	7%	15%	-0.59%	Yes	3.00	3.00
Application of Dental Fluoride Varnish							
Members eligible	2,193						
Members with fluoride varnish	776						
Rate (%)	35.39%	17%	27%	1.16%	Yes	2.00	2.00
Developmental Screening in the First Three Years							
Members eligible	883						
Members screened	610						
Rate (%)	69.08%	33%	40%	1.96%	Yes	2.00	2.00
Initial Health Appointment (IHA)							
Members eligible	2,905						
Members with an IHA	1,704						
Rate (%)	58.66%	50.6%	54.65%	5.09%	Yes	4.00	4.00
Post-Discharge Care							
Members eligible	716						
Members with a Post-Discharge Visit	417						
Rate (%)	58.24%	35.1%	37.91%	13.73%	Yes	10.50	10.50
Care Coordination - Hospital & Outpatient Measures	Your Practice	Plan Benchmark	Plan Goal	Improvement Rate (%) *	Eligible for Measure	Possible Points	Practice Points
Ambulatory Care Sensitive Admissions (ACSA) ↓							
Preventable admissions / Total admissions	55 / 1032						
Percent preventable	5.33%						
Overall admission rate per (PKPY)	57.28 PKPY						
Rate of ACSA (PKPY)	3.05 PKPY	3.74 PKPY	3.44 PKPY	3.39%	Yes	7.00	7.00

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



ACCESS MEASURES

Points allotted based on provider performance and (in some cases) comparison group.

Access Measures – Program Year 2025 Rates					
Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents		Application of Dental Fluoride Varnish		Developmental Screening in the First Three Years	
Benchmarks	Points received	Benchmarks	Points received	Benchmarks	Points received
≥ 15.00%	3	≥ 27.00%	2	≥ 40.00%	2
13.00-14.99%	2.4	24.50-26.99%	1.6	38.25-39.99%	1.6
11.00-12.99%	1.8	22.00-24.49%	1.2	36.50-38.24%	1.2
9.00-10.99%	1.2	19.50-21.99%	0.8	34.75-36.49%	0.8
7.00-8.99%	0.6	17.00-19.49%	0.4	33.00-34.74%	0.4
< 7.00%	0	< 17.00%	0	< 33.00%	0

Access Measures – Program Year 2025 Rates <i>continued</i>								
Improvement above benchmark	Initial Health Appointment				Post-Discharge Care			
	Benchmarks				Benchmarks			
	Family Practice	Internal Medicine	Pediatrics	Points received	Family Practice	Internal Medicine	Pediatrics	Points received
≥ 8.00%	≥ 54.65	≥ 32.63	≥ 86.63	4	≥ 37.91	≥ 43.52	≥ 61.86	10.5
6.00%-7.99%	53.63 - 54.64	32.02 - 32.62	85.03 - 86.62	3.2	37.21 - 37.90	42.72 - 43.51	60.71 - 61.85	8.4
4.00-5.99%	52.62 - 53.62	31.42 - 32.01	83.42 - 85.02	2.4	36.51 - 37.20	41.91 - 42.71	59.57 - 60.70	6.3
2.00-3.99%	51.61 - 52.61	30.81 - 31.41	81.82 - 83.41	1.6	35.80 - 36.50	41.10 - 41.90	58.42 - 59.56	4.2
0.00-1.99%	50.60 - 51.60	30.21 - 30.80	80.21 - 81.81	0.8	35.10 - 35.79	40.30 - 41.09	57.28 - 58.41	2.1
Below benchmark	≤ 50.59	≤ 30.20	≤ 80.20	0	≤ 35.09	≤ 40.29	≤ 57.27	0

Full points are available if **all** the following criteria are met. Clinic:

- Did not earn full points.
- Did not meet the plan benchmark.
- Achieved 2.5-percentage point improvement compared with previous year.



HOSPITAL AND OUTPATIENT MEASURES

Points allotted based on provider performance and (in some cases) comparison group.

Hospital & Outpatient Measures – Program Year 2025 Rates	
Plan All-Cause Readmissions	
Benchmarks	Points received
≤ 15.00%	10.5
15.01-17.51%	8.4
17.52-20.02%	6.3
20.03-22.53%	4.2
22.54-25.00%	2.1
>25.00% below benchmark	0

Hospital & Outpatient Measures – Program Year 2025 Rates <i>continued</i>								
Improvement above benchmark	Ambulatory Care Sensitive Admissions PKPY				Preventable Emergency Visits PKPY			
	Benchmarks				Benchmarks			
	Family Practice	Internal Medicine	Pediatrics	Points	Family Practice	Internal Medicine	Pediatrics	Points
≥ 8.00%	≤ 3.44	≤ 1.07	≤ 1.22	7	≤ 80.97	≤ 89.51	≤ 71.90	8
6.00-7.99%	3.52 - 3.45	1.09 - 1.08	1.25 - 1.23	5.6	82.73 - 80.98	91.46 - 89.52	73.46 - 71.91	6.4
4.00-5.99%	3.59 - 3.53	1.11 - 1.10	1.27 - 1.26	4.2	84.49 - 82.74	93.40 - 91.47	75.03 - 73.47	4.8
2.00-3.99%	3.67 - 3.60	1.14 - 1.12	1.30 - 1.28	2.8	86.25 - 84.50	95.35 - 93.41	76.59 - 75.04	3.2
0.00-1.99%	3.74 - 3.68	1.16 - 1.15	1.33 - 1.31	1.4	88.01 - 86.26	97.30 - 95.36	78.15 - 76.60	1.6
Below benchmark	≥ 3.75	≥ 1.17	≥ 1.34	0	≥ 88.02	≥ 97.31	≥ 78.16	0

Full points are available if **all** the following criteria are met. Clinic:

- Did not earn full points.
- Did not meet the plan benchmark.
- Achieved 2.5-percentage point reduction compared with previous year.



QUALITY OF CARE MEASURES

Points allotted based on provider performance meeting or exceeding NCQA Medicaid benchmarks.

Quality of Care Measures - Program Year 2025 Rates					
NCQA percentile	Points received	Breast Cancer Screening	Cervical Cancer Screening	Child & Adolescent Well-Care Visits (3-21)	Chlamydia Screening in Women
75th-90 th (plan goal)	Maximum points	59.51-63.48 %	61.56-67.46 %	58.07-64.74 %	64.37-69.07 %
50th-74th	70% of maximum points	52.68-59.50 %	57.18-61.55 %	51.81-58.06 %	55.95-64.36 %
25th-49th	Zero points	47.93-52.67 %	49.64-57.17%	46.57-51.80 %	49.65-55.94 %
24th or below		≤ 47.92%	≤ 49.63 %	≤ 46.56 %	≤ 49.64 %



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50th-74th	70% of maximum points	52.68-59.50 %	57.18-61.55 %	51.81-58.06 %	55.95-64.36 %
25th-49th	Zero points	47.93-52.67 %	49.64-57.17%	46.57-51.80 %	49.65-55.94 %
24th or below		≤ 47.92%	≤ 49.63 %	≤ 46.56 %	≤ 49.64 %

For measures already at or above the 50th percentile (Minimum Performance Level):

- Practices earn 70% of measure points by meeting the 50th percentile.
- Practices earn the rest of the available points (30%) by meeting the 75th percentile or showing a 2.5-percentage point improvement compared to the end of the previous program year.



QUALITY OF CARE MEASURES

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50th-74th	70% of maximum points	52.68-59.50 %	57.18-61.55 %	51.81-58.06 %	55.95-64.36 %
25th-49th	Zero points	47.93-52.67 %	49.64-57.17%	46.57-51.80 %	49.65-55.94 %
24th or below		≤ 47.92%	≤ 49.63 %	≤ 46.56 %	≤ 49.64 %

For measures below the 50th percentile (Minimum Performance Level):

- Practices earn 50% of measure points if they attain a 2.5-percentage point improvement compared to the end of the previous program year.
- The remaining 50% of points can be earned if measures show a 5-percentage point improvement compared to the end of the previous program year.



CBI RESOURCES

 Care-Based Incentive Resources

The Alliance supports providers in delivering quality care to members. The following care-based incentive resources include summaries, tip sheets, training workshops/webinars and information on member health and wellness rewards.

EXPAND ALL

▼ What's New

▼ Incentive Summary

▼ Programmatic Measure Benchmarks

▼ CBI Tip Sheets

▼ CBI Technical Specifications

▼ CBI Training Resources

▼ General Resources

- [Care-Based Incentive Resources](#)
- CBI Forensics Visits





2025 CBI MEASURES

Provider Incentives

PROGRAMMATIC MEASURES

- Care Coordination Access Measures
- Care Coordination Hospital and Outpatient Measures
- Quality of Care Measures

FEE-FOR SERVICE MEASURES

ACEs SCREENING IN CHILDREN AND ADOLESCENTS

MEASURE DESCRIPTION

The percentage of members one to 20 years of age screened for Adverse Childhood Experiences (ACEs) annually using a standardized screening tool.

FQHCs: ACEs screenings need to be submitted on a *separate* claim.



APPLICATION OF **DENTAL FLUORIDE VARNISH**



MEASURE DESCRIPTION

The percentage of members six months to five years of age (up to before their sixth birthday) who received at least one topical fluoride application by staff at the primary care provider (PCP) office during the measurement year.



DEVELOPMENTAL SCREENING IN FIRST THREE YEARS



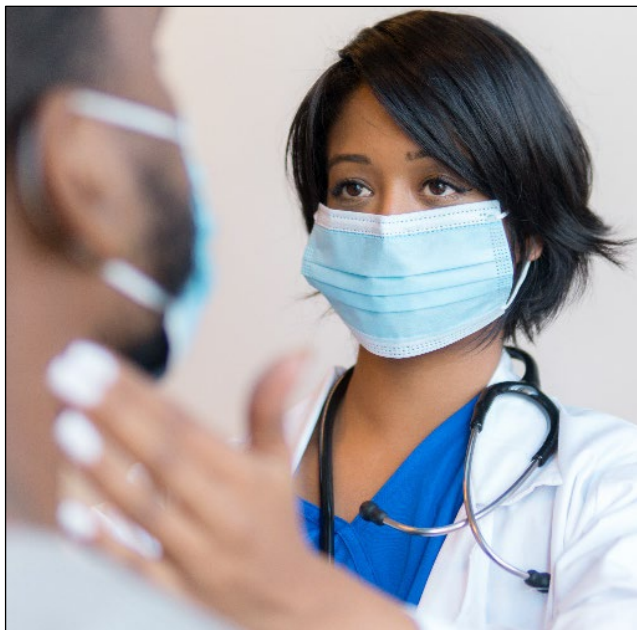
MEASURE DESCRIPTION

The percentage of members one to three years of age screened for risk of developmental, behavioral and social delays using a standardized tool in the 12 months preceding, or on their first, second or third birthday.

Screening recommended at nine, 18 and 30-month visits.



INITIAL HEALTH APPOINTMENT (IHA)

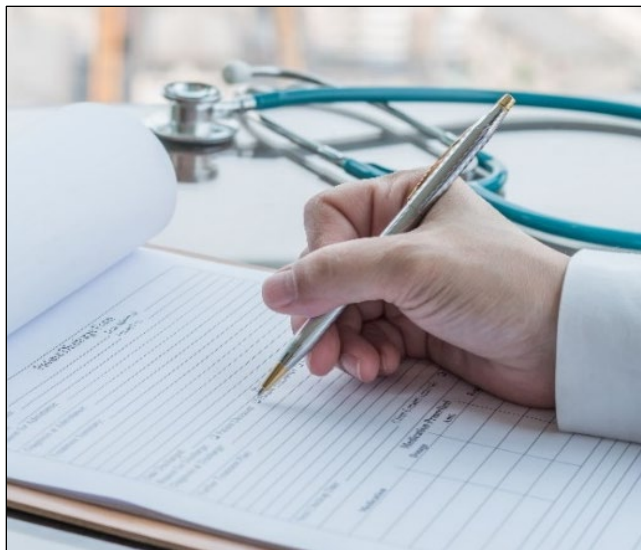


MEASURE DESCRIPTION

New members who receive a comprehensive IHA within 120 days of enrollment with the Alliance.



POST-DISCHARGE CARE



MEASURE DESCRIPTION

Members who receive a post-discharge visit within 14 days of discharge from a hospital inpatient stay by a linked primary care provider (PCP) or specialist. This measure pertains to acute hospital discharges only. Emergency room visits do not qualify.





CARE COORDINATION HOSPITAL AND OUTPATIENT MEASURES

Provider Incentives

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmission
- Preventable Emergency Visits

AMBULATORY CARE SENSITIVE ADMISSIONS

MEASURE DESCRIPTION

The number of ambulatory care sensitive admissions per 1,000 eligible members per year. The list of ambulatory care sensitive conditions is derived from the [Prevention Quality Indicators \(PQI\)](#) and the [Pediatric Quality Indicators \(PDI\)](#) criteria released by the Agency for Health Care Research and Quality (AHRQ).

This is an inverse measure; a lower rate of readmission qualifies for more CBI points.



PLAN ALL-CAUSE READMISSION

MEASURE DESCRIPTION

The number of members 18 years of age and older with acute inpatient and observation stays during the measurement year followed by an unplanned acute readmission for any diagnosis within 30 days.

This is an inverse measure; a lower rate of readmission qualifies for more CBI points.



PREVENTABLE EMERGENCY VISITS

MEASURE DESCRIPTION

The rate of preventable emergency department (ED) visits per 1,000 members per year. This measure is derived from the [Statewide Collaborative Quality Improvement Project: Reducing Avoidable Emergency Room Visits.](#)

This is an inverse measure; a lower rate of readmission qualifies for more CBI points.





QUALITY OF CARE MEASURES

- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visits
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Depression Screening for Adolescents and Adults
- Diabetic Poor Control >9%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Lead Screening in Children
- Well-Child Visits in the First 15 Months
- Well-Child Visits for Age 15 Months-30 Months of Life

BREAST CANCER SCREENING

MEASURE DESCRIPTION

The percentage of members 50 to 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 at the end of the measurement period.



CERVICAL CANCER SCREENING

MEASURE DESCRIPTION

The percentage of members 21 to 64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members 21 to 64 years of age who had cervical cytology performed within the last three years.
- Members 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing within the last five years.
- Members 30 to 64 years of age who had cervical cytology/hrHPV cotesting within the last five years.



CHILD AND ADOLESCENT WELL-CARE VISITS



MEASURE DESCRIPTION

The percentage of members three to 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.



CHLAMYDIA SCREENING IN WOMEN



MEASURE DESCRIPTION

The percentage of women 16 to 24 years of age who are identified as sexually active and had at least one test for chlamydia during the measurement year.

Sexual activity is determined by any of the following:

- Pregnancy test or diagnosis indicating sexual activity.
- Claim/encounter noting sexual activity.
- Contraceptive medication.



COLORECTAL CANCER SCREENING

MEASURE DESCRIPTION

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

- Fecal occult blood test within the last year.
- Flexible sigmoidoscopy within the last five years.
- Colonoscopy within the last ten years.
- CT colonography within the last five years.
- Stool DNA (sDNA) with FIT test within the last three years.



DEPRESSION SCREENING FOR ADOLESCENTS & ADULTS



MEASURE DESCRIPTION

The percentage of members 12 years and older who were screened for clinical depression using an age-appropriate standardized tool, performed between January 1 and December 1 of the measurement period.



DIABETIC POOR CONTROL >9.0%



MEASURE DESCRIPTION

The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent glycemic assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was >9% in the measurement year.

The goal is for members to be non-compliant by having an HbA1c or GMI of equal to or less than 9% and being in good control.



IMMUNIZATIONS: ADOLESCENTS



MEASURE DESCRIPTION

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one dose of tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday.



IMMUNIZATIONS: CHILDREN (COMBO 10)

MEASURE DESCRIPTION

The percentage of children who received ***all*** the following vaccines (Combo 10) by their second birthday:

- 4 diphtheria, tetanus, and acellular pertussis (DTaP)
- 3 inactivated polio vaccine (IPV)
- 1 measles, mumps and rubella (MMR)
- 3 haemophilus influenzae type b (Hib)
- 3 hepatitis B (HepB)
- 1 varicella (VZV)
- 4 pneumococcal conjugate vaccine (PCV)
- 2 or 3 rotavirus (RV)
- 1 hepatitis A (HepA)
- 2 influenza (Flu)



LEAD SCREENING IN CHILDREN



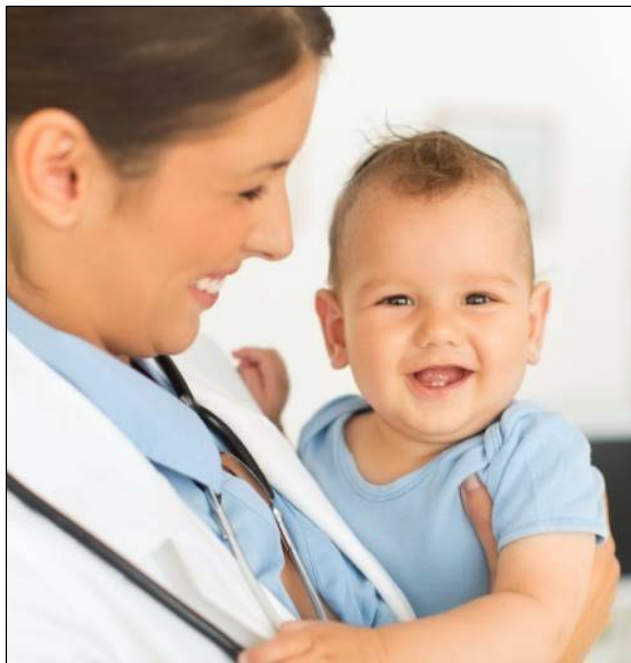
MEASURE DESCRIPTION

The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Children 36 to 72 months of age must also have a screening blood test if one was not conducted at 12 and 24 months.



WELL-CHILD VISITS IN THE FIRST 15 MONTHS



MEASURE DESCRIPTION

The percentage of members 15 months of age who had six or more well-child visits with a PCP during the first 15 months of life.

Billing frequency: Visits must be at least 14 days apart.

Infants and Medi-Cal – Infants are listed under the mother's ID for the month of birth and the following month. Parents are encouraged to sign their infant up for Medi-Cal in a timely manner to ensure there are no gaps in coverage for their care.

[Bright Futures Periodicity Schedule](#)



WELL-CHILD VISITS FOR AGE 15 MONTHS-30 MONTHS OF LIFE



MEASURE DESCRIPTION

The percentage of members 30 months of age who had two or more well-child visits with a PCP between the child's 15-month birthday plus one day and the 30-month birthday.

Billing frequency: Visits must be at least 14 days apart





EXPLORATORY MEASURES

- Controlling High Blood Pressure

CONTROLLING **HIGH BLOOD PRESSURE**



MEASURE DESCRIPTION

The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

BP reading must occur on or after the date of the second HTN diagnosis.





FEE-FOR-SERVICE MEASURES

- Adverse Childhood Experiences (ACEs) Training and Attestation
- Behavioral Health Integration
- Cognitive Health Assessment Training and Attestation
- Diagnostic Accuracy and Completeness Training
- Patient-Centered Medical Home (PCMH) Recognition
- Quality Performance Improvement Projects
- Social Determinants of Health (SDOH) ICD-10 Z Code Submission

FEE-FOR-SERVICE MEASURES

Measure	Payment
Adverse Childhood Experiences (ACEs) Training and Attestation	\$200
Behavioral Health Integration	\$1,000
Cognitive Health Assessment Training and Attestation	\$200
Diagnostic Accuracy and Completeness Training	\$200
Patient-Centered Medical Home (PCMH) Recognition	\$2,500
Quality Performance Improvement Projects	\$1,000
Social Determinants of Health (SDOH) IDC-10 Z Code Submission	\$1,000

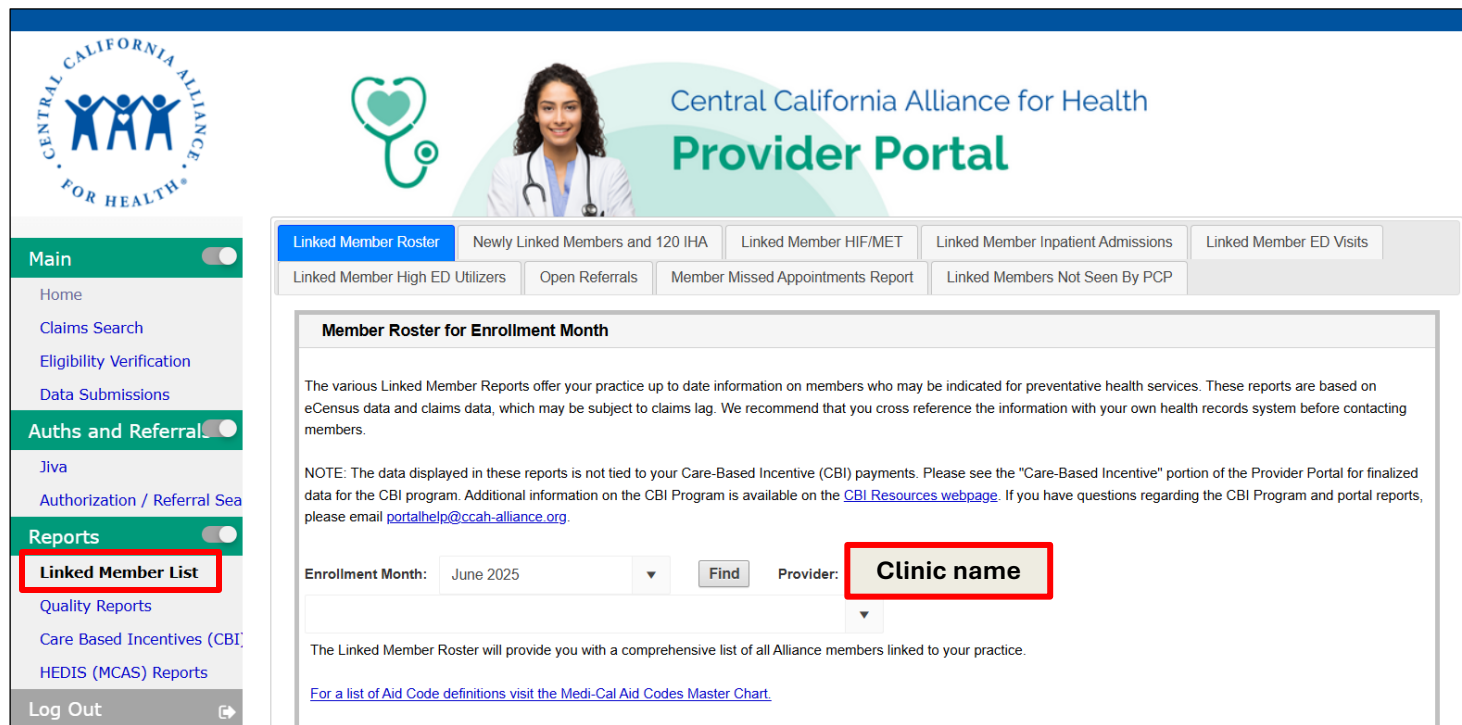




PROVIDER PORTAL & DATA SUBMISSION TOOL

- Provider Portal Reports
 - Linked Member List
 - Quality Reports
 - Care-Based Incentives (CBI)
 - HEDIS (MCAS)
- Data Submission Tool
 - Tool Guide
 - Submission Tool

PROVIDER PORTAL REPORTS - LINKED MEMBER LIST



Central California Alliance for Health

Provider Portal

Linked Member Roster | Newly Linked Members and 120 IHA | Linked Member HIF/MET | Linked Member Inpatient Admissions | Linked Member ED Visits

Linked Member High ED Utilizers | Open Referrals | Member Missed Appointments Report | Linked Members Not Seen By PCP

Member Roster for Enrollment Month

The various Linked Member Reports offer your practice up to date information on members who may be indicated for preventative health services. These reports are based on eCensus data and claims data, which may be subject to claims lag. We recommend that you cross reference the information with your own health records system before contacting members.

NOTE: The data displayed in these reports is not tied to your Care-Based Incentive (CBI) payments. Please see the "Care-Based Incentive" portion of the Provider Portal for finalized data for the CBI program. Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccah-alliance.org.

Enrollment Month: June 2025 Find Provider: **Clinic name**

The Linked Member Roster will provide you with a comprehensive list of all Alliance members linked to your practice.

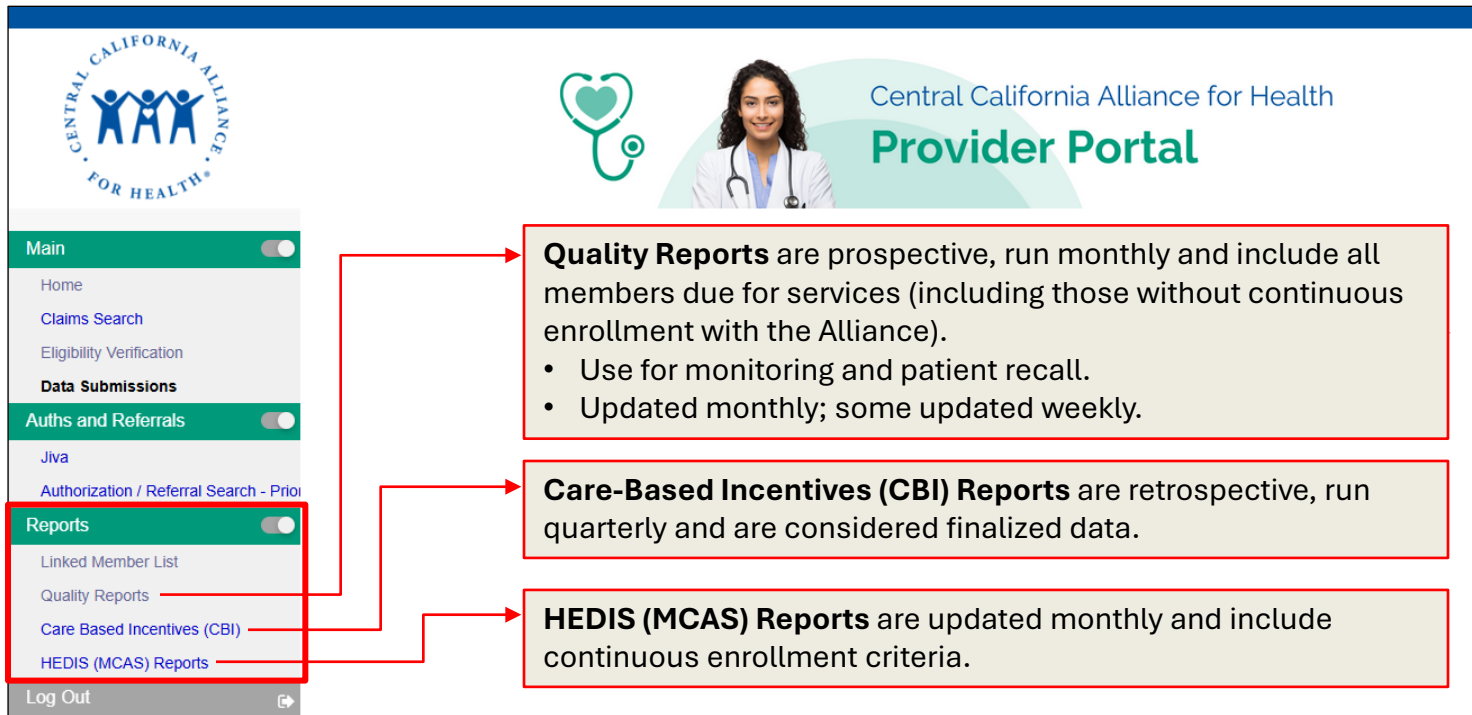
[For a list of Aid Code definitions visit the Medi-Cal Aid Codes Master Chart.](#)

Left Sidebar:

- Main (toggle on)
- Home
- Claims Search
- Eligibility Verification
- Data Submissions
- Auths and Referral (toggle on)
- Jiva
- Authorization / Referral Sea
- Reports (toggle on)
- Linked Member List**
- Quality Reports
- Care Based Incentives (CBI)
- HEDIS (MCAS) Reports
- Log Out



PROVIDER PORTAL REPORTS



The screenshot displays the Central California Alliance for Health Provider Portal. The header includes the logo on the left and a banner with a doctor's image and the text "Central California Alliance for Health Provider Portal" on the right. A left-hand navigation menu contains sections: "Main" (with a toggle), "Data Submissions", "Auths and Referrals" (with a toggle), and "Reports" (with a toggle and a red box around it). The "Reports" section lists "Linked Member List", "Quality Reports", "Care Based Incentives (CBI)", and "HEDIS (MCAS) Reports". Three red arrows point from these items to callout boxes on the right.

Quality Reports are prospective, run monthly and include all members due for services (including those without continuous enrollment with the Alliance).

- Use for monitoring and patient recall.
- Updated monthly; some updated weekly.

Care-Based Incentives (CBI) Reports are retrospective, run quarterly and are considered finalized data.

HEDIS (MCAS) Reports are updated monthly and include continuous enrollment criteria.



PROVIDER PORTAL REPORTS - QUALITY REPORTS

Central California Alliance for Health
Provider Portal

Central California Alliance for Health
Quality Improvement Reports - Monthly

Monthly Quality Reports offer your practice up to date information on members who may be indicated for preventative health services. These reports are subject to claims lag and should be cross-checked against your own health records system before contacting members. The data displayed in these reports are not tied to your Care-Based Incentive (CBI) payments. Please see the "Care-Based Incentive (CBI) Provider Portal for finalized data related to the CBI program.

Additional information on the CBI Program is available on the [CBI Resources webpage](#). If you have questions regarding the CBI Program and portal reports, please email portalhelp@ccah-alliance.org

Summary Report Criteria

Report Type (Help)	Select the Report Type before clicking Submit
Provider Name	Select a Provider before clicking Submit
Report Month	No data available for selected report type and provider
Compliance Indicator	Select the Compliance before clicking Submit

Submit

1 **2** **3**



PROVIDER PORTAL REPORTS - QUALITY REPORTS

Well Child Visits in the First 15 Months of Life Report

Well Child Visits for the First 15 Months of Life Report

Parents know they need to go to their pediatrician when their child is sick, but are not as aware of when to take their infant in for their well-child visits. Assessing physical, emotional, and social development is important at every stage of life, especially with children. Well-care visits provide an opportunity for PCPs to influence health and development, and these visits are a critical opportunity for screening. As suggested by the American Academy of Pediatrics (AAP) and Bright Futures, parents should bring their children in to see their PCP at the following intervals:

• Birth (3 to 5 Days)

• 1 Month Old

• 2 Months Old

• 4 Months Old

• 6 Months Old

• 9 Months Old

• 12 Months Old

• 15 Months Old

See the American Academy of Pediatrics website for more information.

Report Description: Members

• Well-visit CPT Codes: 99201-99203

• Well-visit ICD-10 Codes: Z00.000, Z00.010, Z00.020, Z00.030, Z00.040, Z00.050, Z00.060, Z00.070, Z00.080, Z00.090, Z00.100, Z00.110, Z00.120, Z00.130, Z00.140, Z00.150, Z00.160, Z00.170, Z00.180, Z00.190, Z00.200, Z00.210, Z00.220, Z00.230, Z00.240, Z00.250, Z00.260, Z00.270, Z00.280, Z00.290, Z00.300, Z00.310, Z00.320, Z00.330, Z00.340, Z00.350, Z00.360, Z00.370, Z00.380, Z00.390, Z00.400, Z00.410, Z00.420, Z00.430, Z00.440, Z00.450, Z00.460, Z00.470, Z00.480, Z00.490, Z00.500, Z00.510, Z00.520, Z00.530, Z00.540, Z00.550, Z00.560, Z00.570, Z00.580, Z00.590, Z00.600, Z00.610, Z00.620, Z00.630, Z00.640, Z00.650, Z00.660, Z00.670, Z00.680, Z00.690, Z00.700, Z00.710, Z00.720, Z00.730, Z00.740, Z00.750, Z00.760, Z00.770, Z00.780, Z00.790, Z00.800, Z00.810, Z00.820, Z00.830, Z00.840, Z00.850, Z00.860, Z00.870, Z00.880, Z00.890, Z00.900, Z00.910, Z00.920, Z00.930, Z00.940, Z00.950, Z00.960, Z00.970, Z00.980, Z00.990

• Billing Frequency: For monthly

Note: Please refer to the American Academy of Pediatrics website for more information.

This report provides you with a list of well-child visits based on submitted health records system before the report was generated.

Note: All visits must be at least 15 months old.

The Quality Report data is not available for members who have questions regarding their data.

Documentation Requirements:

All well-child visits should be documented in the member's medical record.

Clinic name

First Name	Last Name	Member ID	Member DOB	Member Age	Member Phone	Spoken Language	Written Language	Compliance Indicator	15 Month Birthday	Days until 15 Months	Services Needed	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
John	Smith	123456789	01/01/2015	15 M	(555) 555-1234	Primary: English	Primary: English	N/A	01/01/2015	0	4 well-child visits	01/01/2015	01/01/2015	-	-	-	-
John	Smith	123456789	01/01/2015	15 M	(555) 555-1234	Primary: Spanish Secondary: English	Primary: Spanish Secondary: English	Not Compliant	01/01/2015	0	4 well-child visits	01/01/2015	01/01/2015	-	-	-	-
John	Smith	123456789	01/01/2015	15 M	(555) 555-1234	Primary: Spanish Secondary: English	Primary: Spanish Secondary: English	Compliant	01/01/2015	0	4 well-child visits	01/01/2015	01/01/2015	01/01/2015	01/01/2015	01/01/2015	01/01/2015
John	Smith	123456789	01/01/2015	15 M	(555) 555-1234	Primary: Spanish Secondary: English	Primary: Spanish Secondary: English	N/A	01/01/2015	0	2 well-child visits	01/01/2015	01/01/2015	01/01/2015	01/01/2015	-	-
John	Smith	123456789	01/01/2015	15 M	(555) 555-1234	Primary: Spanish Secondary: English	Primary: Spanish Secondary: English	Not Compliant	01/01/2015	0	5 well-child visits	01/01/2015	-	-	-	-	-

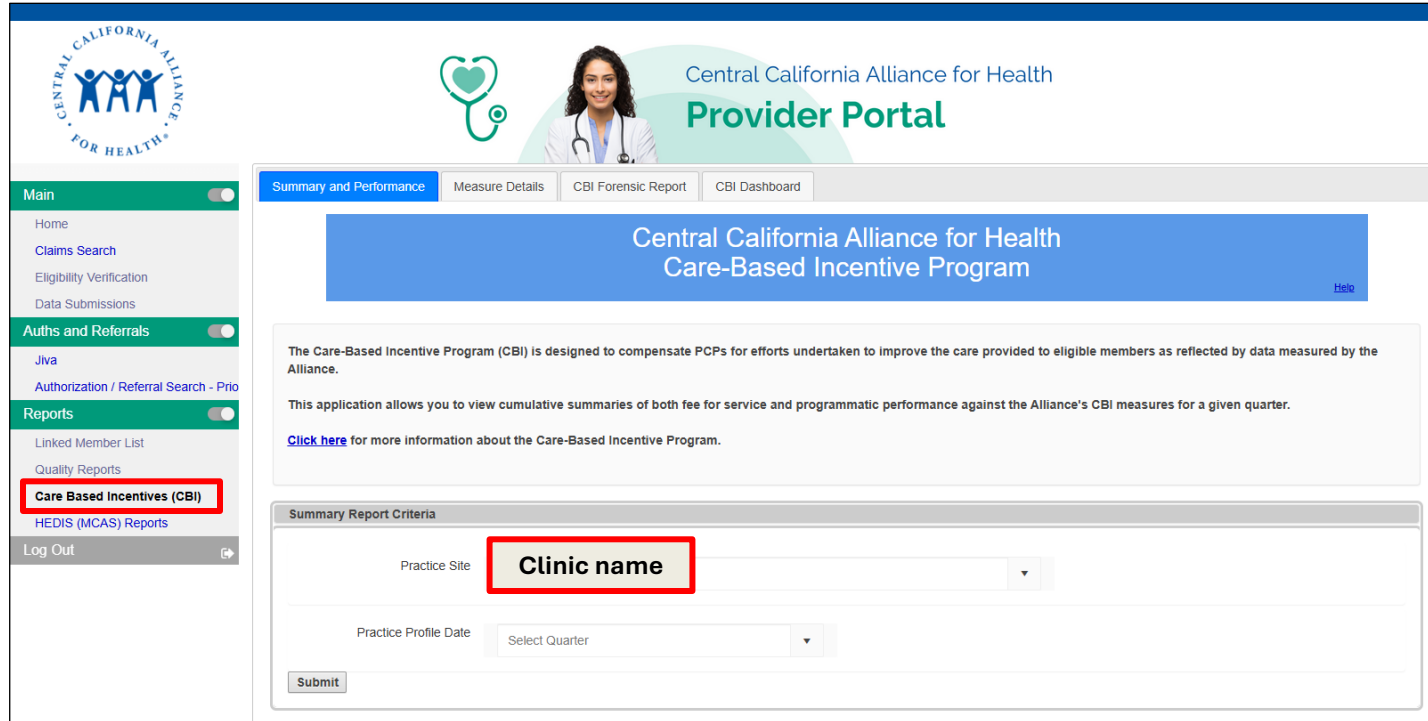


PROVIDER PORTAL REPORTS - **QUALITY REPORTS**

Adverse Childhood Experiences (ACEs) Screenings	Depression Screening for Adolescents and Adults (NEW)
Asthma Medication Ratio	Developmental Screening in the First 3 Years (NEW)
Breast Cancer Screenings	Diabetes Care
Cervical Cancer Screenings	Immunizations for Adolescents
Child and Adolescent Well-Care Visits (3-21 years)	Lead Screening in Children
Childhood Immunizations (Combo 10)	Prenatal Immunizations
Chlamydia and Gonorrhea Screenings	Well Child Visits (0-15 Months)
Controlling Blood Pressure (NEW)	Well Child Visits (15- 30 months)



PROVIDER PORTAL REPORTS - CARE-BASED INCENTIVES (CBI)



The screenshot displays the Central California Alliance for Health Provider Portal. The header includes the logo and a navigation bar with tabs: Summary and Performance, Measure Details, CBI Forensic Report, and CBI Dashboard. The main content area is titled "Central California Alliance for Health Care-Based Incentive Program". A sidebar on the left contains a menu with sections: Main, Auths and Referrals, Reports, and Log Out. The "Reports" section is expanded, showing "Care Based Incentives (CBI)" highlighted with a red box. Below this, the "Summary Report Criteria" section contains a "Practice Site" dropdown menu with "Clinic name" selected (also highlighted with a red box), a "Practice Profile Date" dropdown menu with "Select Quarter" selected, and a "Submit" button.

Central California Alliance for Health
Provider Portal

Summary and Performance | Measure Details | CBI Forensic Report | CBI Dashboard

Central California Alliance for Health
Care-Based Incentive Program

The Care-Based Incentive Program (CBI) is designed to compensate PCPs for efforts undertaken to improve the care provided to eligible members as reflected by data measured by the Alliance.

This application allows you to view cumulative summaries of both fee for service and programmatic performance against the Alliance's CBI measures for a given quarter.

[Click here](#) for more information about the Care-Based Incentive Program.

Summary Report Criteria


Practice Site: **Clinic name**

Practice Profile Date: Select Quarter

Submit



PROVIDER PORTAL REPORTS - HEDIS (MCAS) REPORTS



Main ☒

Home

- Claims Search
- Eligibility Verification
- Data Submissions

Auths and Referrals ☒

- Jiva
- Authorization / Referral Search - Prio

Reports ☒

- Linked Member List
- Quality Reports
- Care Based Incentives (CBI)
- HEDIS (MCAS) Reports**

Log Out

Central California Alliance for Health Monthly HEDIS (MCAS) Reports

The California Department of Health Care Services (DHCS) requires that the Alliance perform an annual compliance audit that conforms with a subset of HEDIS measures, referred to as the [Managed Care Accountability Sets \(MCAS\)](#).

In addition, the MCAS includes performance measures developed by the Centers for Medicare & Medicaid Services. The Alliance may be sanctioned if these measures fall below the 50th percentile, the Minimum Performance Level (MPL).

This application allows clinic sites to view their performance in the MCAS measures that are all held to the MPL, to close gaps in care.
All reports include continuous enrollment (CE) criteria per the measure specifications.

Report Type

Summary and Performance **Provides overall rate and percentile grouping for each measure.**

PCP Site

Please Select Practice Site... **List of compliant/non-compliant members who fall within measure.**

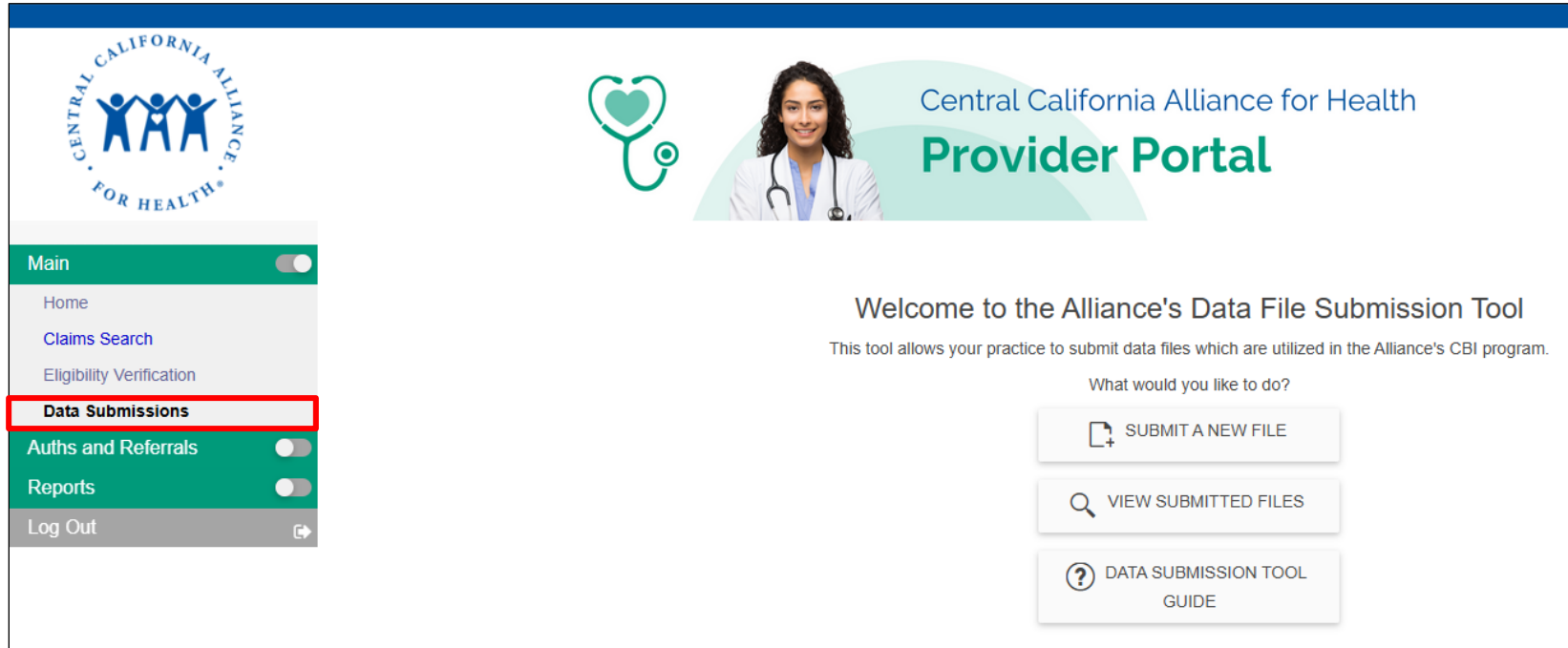
Report Month

Please Select Reporting Month... **Estimated number of fewer/additional visits a site needs to reach compliance.**

Run Report



DATA SUBMISSION TOOL (DST)



The screenshot displays the Central California Alliance for Health Provider Portal. On the left is a navigation sidebar with the following items: 'Main' (with a toggle switch), 'Home', 'Claims Search', 'Eligibility Verification', 'Data Submissions' (highlighted with a red rectangle), 'Auths and Referrals' (with a toggle switch), 'Reports' (with a toggle switch), and 'Log Out' (with an external link icon). The main content area features the Alliance logo, a heart-shaped stethoscope icon, and a photo of a healthcare provider. The text 'Central California Alliance for Health' and 'Provider Portal' is displayed. Below this is a welcome message: 'Welcome to the Alliance's Data File Submission Tool' and 'This tool allows your practice to submit data files which are utilized in the Alliance's CBI program.' A prompt 'What would you like to do?' is followed by three buttons: 'SUBMIT A NEW FILE' (with a document icon), 'VIEW SUBMITTED FILES' (with a magnifying glass icon), and 'DATA SUBMISSION TOOL GUIDE' (with a question mark icon).



DATA SUBMISSION TOOL - **ACCEPTED SUBMISSIONS**

Application of Dental Fluoride Varnish	Depression Screening for Adolescents and Adults
Breast Cancer Screening	Diabetic Poor Control >9%
Cervical Cancer Screening	Immunizations for Adolescents, Children, and Adults
Child and Adolescent Well-Visits	Initial Health Appointment (IHA)
Chlamydia Screening in Women	Lead Screening in Children
Controlling High Blood Pressure	Post-Discharge Care
Colorectal Cancer Screening	

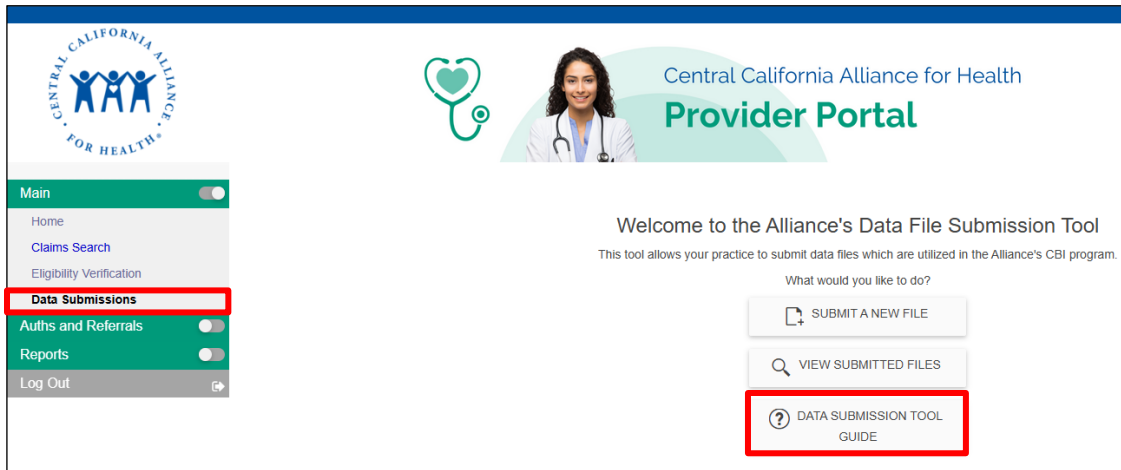


DATA SUBMISSION TOOL - **ACCEPTED EXCLUSIONS**

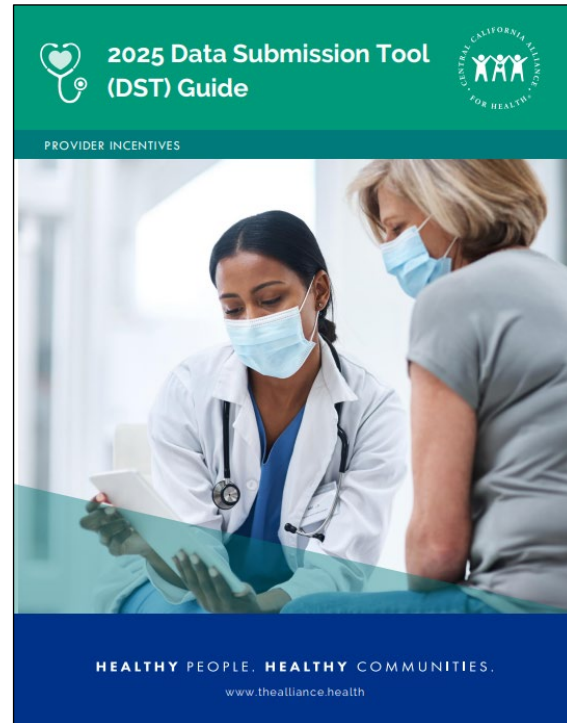
Breast Cancer Screening	Bilateral mastectomies
Cervical Cancer Screenings	Hysterectomies
Immunizations: Adolescents	Anaphylaxis reaction to vaccine/disorder
Immunizations: Children	Anaphylaxis reaction to vaccine/disorder



DATA SUBMISSION TOOL **GUIDE**



The screenshot shows the Central California Alliance for Health Provider Portal. On the left is a sidebar menu with the following items: Main (with a toggle switch), Home, Claims Search, Eligibility Verification, Data Submissions (highlighted with a red box), Auths and Referrals (with a toggle switch), Reports (with a toggle switch), and Log Out (with an external link icon). The main content area features the Alliance logo, a heart-shaped stethoscope icon, and a greeting: "Welcome to the Alliance's Data File Submission Tool". Below this, it states: "This tool allows your practice to submit data files which are utilized in the Alliance's CBI program." A question "What would you like to do?" is followed by three buttons: "SUBMIT A NEW FILE", "VIEW SUBMITTED FILES", and "DATA SUBMISSION TOOL GUIDE" (which is highlighted with a red box and includes a question mark icon).



The cover of the "2025 Data Submission Tool (DST) Guide" features a green header with the title and the Central California Alliance for Health logo. Below the header is a teal bar with the text "PROVIDER INCENTIVES". The main image shows two healthcare professionals, a doctor and a nurse, wearing masks and looking at a tablet. At the bottom, a dark blue bar contains the text "HEALTHY PEOPLE. HEALTHY COMMUNITIES." and the website "www.thealliance.health".

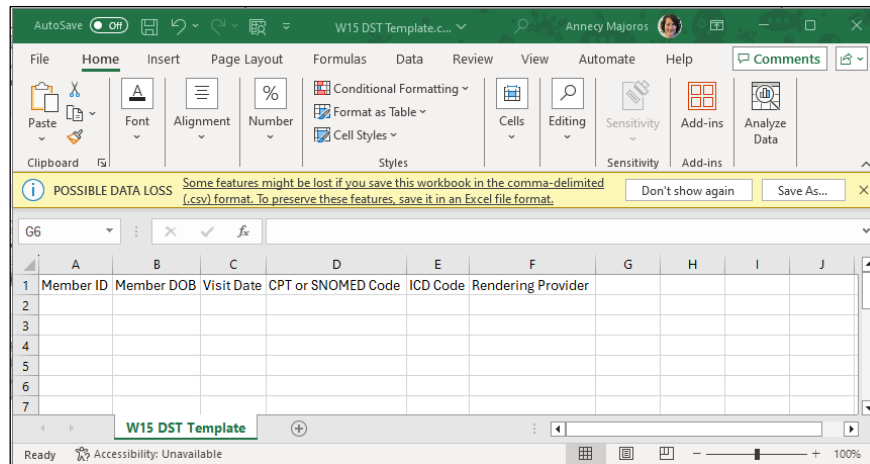


TEMPLATES AND REQUIREMENTS

FILE TEMPLATES

Please click on the linked files below for individual measure templates.

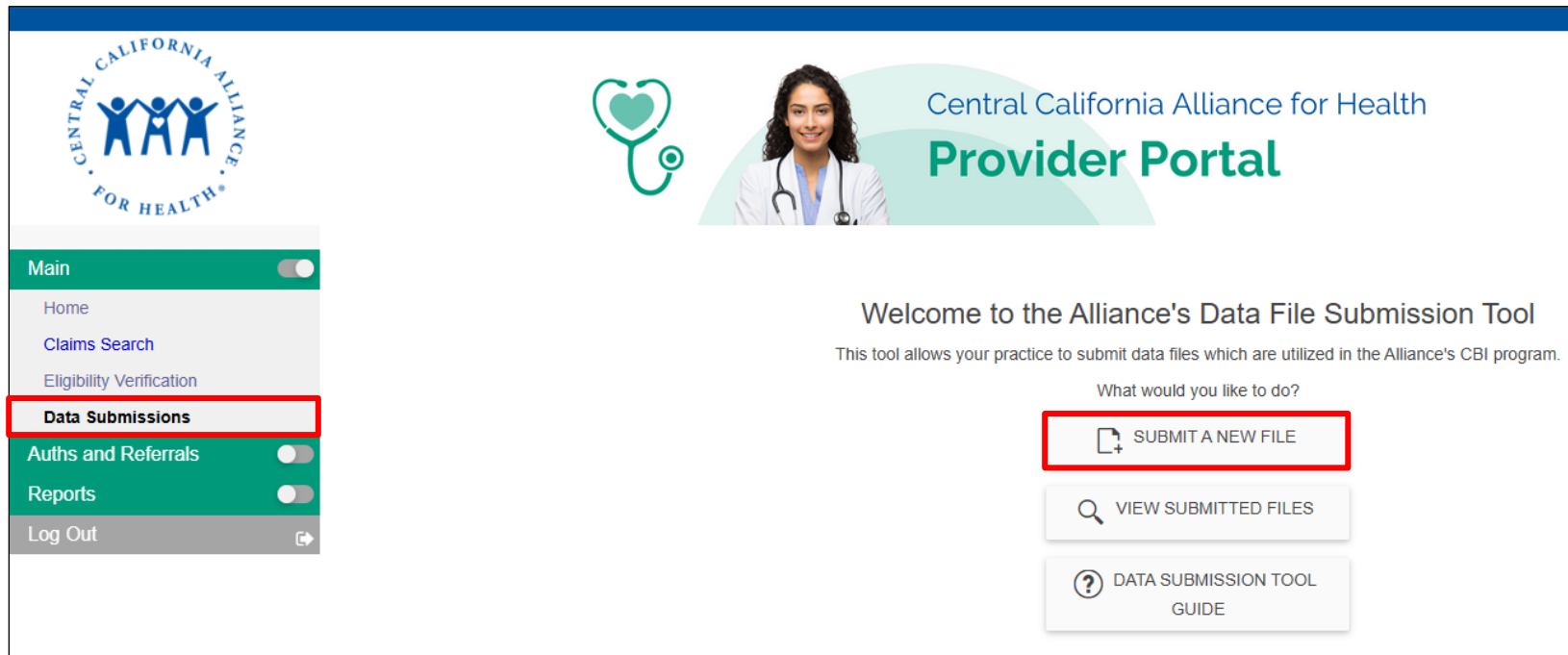
Measure	Template
Breast Cancer Screening (Screening and Mastectomies)	BCS Screening and Mastectomies.csv
Cervical Cancer Screening	CCS DST Template.csv
Child and Adolescent Well-Visit	Well-Visit DST Template.csv
Chlamydia Screening for Women	Chlamydia Screen DST Template.csv
Controlling Blood Pressure	CBP DST Template.csv
Colorectal Cancer Screening	Col Cancer Screen Template.csv
Depression Screening for Adolescents and Adults	Depression Screen Template.csv
Developmental Screening	Developmental Screening DST.csv
Diabetic HbA1c	HbA1c DST Template.csv
Fluoride Varnish	Fluoride Varnish DST Template.csv
Immunizations	Immunization DST Template.csv



Child and Adolescent Well-Visits						
Column #	1	2	3	4	5	6
Column Header	Member ID	Member DOB	Visit Date	CPT Code	ICD-10	Rendering Provider
Rule	<u>Required</u>	<u>Required</u>	<u>Required</u>	<u>At least a CPT, or ICD-10 Code</u>		<u>Optional – Not required</u>



DATA SUBMISSIONS



The screenshot displays the Central California Alliance for Health Provider Portal. On the left is a sidebar menu with the following items: 'Main' (with a toggle switch), 'Home', 'Claims Search', 'Eligibility Verification', 'Data Submissions' (highlighted with a red border), 'Auths and Referrals' (with a toggle switch), 'Reports' (with a toggle switch), and 'Log Out' (with an external link icon). The main header area features the Central California Alliance for Health logo on the left, a teal heart-shaped stethoscope icon, a photo of a female healthcare provider, and the text 'Central California Alliance for Health Provider Portal'. Below the header, the main content area says 'Welcome to the Alliance's Data File Submission Tool' and 'This tool allows your practice to submit data files which are utilized in the Alliance's CBI program.' It then asks 'What would you like to do?' and provides three buttons: 'SUBMIT A NEW FILE' (highlighted with a red border), 'VIEW SUBMITTED FILES' (with a magnifying glass icon), and 'DATA SUBMISSION TOOL GUIDE' (with a question mark icon).

Central California Alliance for Health

Provider Portal

Welcome to the Alliance's Data File Submission Tool

This tool allows your practice to submit data files which are utilized in the Alliance's CBI program.

What would you like to do?

SUBMIT A NEW FILE

VIEW SUBMITTED FILES

DATA SUBMISSION TOOL GUIDE



DST SUBMISSIONS – STANDARD vs. NONSTANDARD

Please fill out the following attestation form to submit a new file.

NOTE: All fields are required!

Test Type:

Practice Site:

Name of EHR or Patient Database

Please specify which methodology was used to collect this data:

☒ **Standard Supplemental Data**
Provider files automatically generated from:

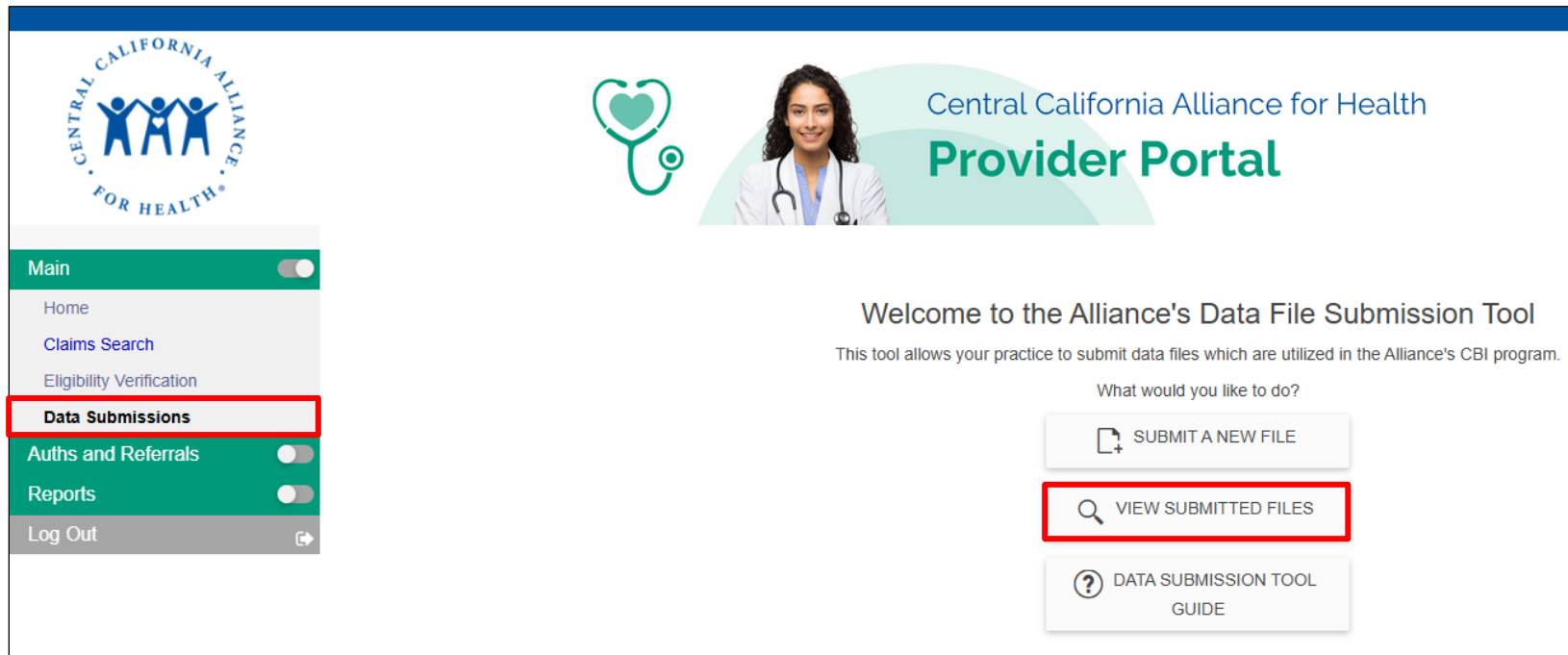
- Electronic Health Record (EHR)
- Patient Database(s)

☐ **Nonstandard Supplemental Data**
Provider files are manually entered and subject to human error, such as:

- Medical Records (collected from paper charts or EHR)
- Registries



SUBMITTED FILES



The screenshot shows the Central California Alliance for Health Provider Portal. On the left is a sidebar menu with the following items: 'Main' (with a toggle switch), 'Home', 'Claims Search', 'Eligibility Verification', 'Data Submissions' (highlighted with a red box), 'Auths and Referrals' (with a toggle switch), 'Reports' (with a toggle switch), and 'Log Out' (with an external link icon). The main content area features the Alliance logo, a heart-shaped stethoscope icon, and a photo of a healthcare provider. The title 'Central California Alliance for Health Provider Portal' is displayed. Below this is a welcome message: 'Welcome to the Alliance's Data File Submission Tool'. A sub-header states: 'This tool allows your practice to submit data files which are utilized in the Alliance's CBI program.' A prompt asks 'What would you like to do?'. Three buttons are shown: 'SUBMIT A NEW FILE' (with a document icon), 'VIEW SUBMITTED FILES' (with a magnifying glass icon and highlighted with a red box), and 'DATA SUBMISSION TOOL GUIDE' (with a question mark icon).

Central California Alliance for Health
Provider Portal

Welcome to the Alliance's Data File Submission Tool

This tool allows your practice to submit data files which are utilized in the Alliance's CBI program.

What would you like to do?

- SUBMIT A NEW FILE
- VIEW SUBMITTED FILES**
- DATA SUBMISSION TOOL GUIDE



SUBMISSION SUMMARY

[RETURN](#)

Submission Summary of Files Submitted.

Click on the confirmation number to view a detailed report. Only files that are in **SUCCESSFUL** file status can be opened.

File Status Key

- NEW:** The file was recently uploaded and has not been processed yet.
- REJECTED:** The file could not be read by our system.
- X% SUCCESSFUL:** We were able to successfully read the file. You can click the "Confirmation #" hyperlink to view a detailed report of each record.

[EXPORT TO EXCEL](#)

Confirmation #	Status	Acceptance Ratio	File Name	Submitted Date	Reporting Period	Site Name
000014035	NEW	-	000014035.csv	2/28/2024 10:14 AM	-	TRINITY HEALTH SYSTEM HEALTH-1 PROVIDER COUNCIL
000014034	NEW	-	000014034.csv	2/28/2024 10:14 AM	-	TRINITY HEALTH SYSTEM HEALTH-1 PROVIDER COUNCIL
000014033	NEW	-	000014033.csv	2/28/2024 10:14 AM	-	TRINITY HEALTH SYSTEM HEALTH-1 PROVIDER COUNCIL
000014032	NEW	-	000014032.csv	2/28/2024 10:14 AM	-	TRINITY HEALTH SYSTEM HEALTH-1 PROVIDER COUNCIL
000014029	100% SUCCESSFUL	106 / 106	000014029.csv	2/28/2024 10:14 AM	2/28/2024 - 2/28/2024	TRINITY HEALTH SYSTEM HEALTH-1 PROVIDER COUNCIL



SUBMISSION DETAILS

← BACK							
Details for Submission Id 000010017							
File Name: CIS IMA.csv							
Submission Type: Immunizations							
Submitted Date: 11/10/2018 10:00:00 AM							
Total Records Submitted: 17407							
Total Records Accepted: 17208							
EXPORT TO EXCEL							
Data Validation Results	Rejection Reasons	Alliance Member ID	DOB	Screening Date	CPT / CVX / HCPCS / SNOMED Code	ICD-10 Code	Test Result Value
ACCEPTED		000010017	1/10/2018	11/10/2018	90670		
ACCEPTED		000010017	1/10/2018	11/10/2018	90680		
ACCEPTED		000010017	1/10/2018	11/10/2018	90698		
REJECTED	• INVALID PROCEDURE CODE	000010017	1/10/2018	11/10/2018	INVALID		



DATA SUBMISSION **TIMELINE**

Measurement Year 2025	
Quarter (measurement period)	Supplemental data due date
2025 - Quarter 1 (April 1, 2024 – March 31, 2025)	March 31, 2025
2025 - Quarter 2 (July 1, 2024 – June 30, 2025)	June 30, 2025
2025 - Quarter 3 (October 1, 2024 – September 30, 2025)	September 30, 2025
2025 – Quarter 4 (January 1, 2025 – December 31, 2025)	February 28, 2026

Best practice

- Submit data monthly or quarterly to track progress.
- Set up your portal account or login [here!](#)





CBI FORENSICS VISITS

- Virtual CBI forensics visit
- Annual CBI performance review at end of program year
- Outreach efforts from Alliance staff
- Alliance staff available on request
- Email: CBI@thealliance.health

SUMMARY OF POINTS

Measure Description	2024 Q4	2025 Q1
Adverse Childhood Experiences (ACEs) Screening	3 (out of 3)	3 (out of 3)
Application of Dental Fluoride Varnish*	2 (out of 2)	2 (out of 2)
Developmental Screening in the First 3 Years	2 (out of 2)	2 (out of 2)
Initial Health Appointment (IHA)	4 (out of 4)	4 (out of 4)
Post-Discharge Care	10.5 (out of 10.5)	10.5 (out of 10.5)
Ambulatory Care Sensitive Admissions (ACSA)	7 (out of 7)	7 (out of 7)
Plan All-Cause Readmissions	10.5 (out of 10.5)	10.5 (out of 10.5)
Preventable Emergency Visits	0 (out of 8)	8 (out of 8)
Breast Cancer Screening	4.22 (out of 4.22)	4.42 (out of 4.42)
Cervical Cancer Screening	4.22 (out of 4.22)	4.42 (out of 4.42)
Child and Adolescent Well-Care Visits	4.22 (out of 4.22)	4.42 (out of 4.42)
Chlamydia Screening in Women	0 (out of 0)	4.42 (out of 4.42)
Colorectal Cancer Screening	0 (out of 0)	4.42 (out of 4.42)
Depression Screening For Adolescents and Adults	4.22 (out of 4.22)	4.42 (out of 4.42)
Diabetic HbA1c Poor Control > 9.0%	4.22 (out of 4.22)	0 (out of 4.42)
Immunizations: Adolescents	4.22 (out of 4.22)	4.42 (out of 4.42)
Immunizations: Children (Combo 10)	2.11 (out of 4.22)	4.42 (out of 4.42)
Lead Screening in Children	0 (out of 4.22)	4.42 (out of 4.42)
Well-Child Visits in the First 15 Months	4.22 (out of 4.22)	3.09 (out of 4.42)
Well-Child Visits for Ages 15-30 Months	0 (out of 0)	4.42 (out of 4.42)
Total Points	70.65 (out of 84.98)	94.29 (out of 100.04)




GAP CLOSURES FOR POINTS

2025 Gap Closures - Quarter 1				
Care Coordination Access & Hospital Measures	Q1 2025 Points	# More Needed for Partial Points		# More Needed for Full Points
Adverse Childhood Experiences (ACEs) Screening	3 (out of 3)	0	-	0
Application of Dental Fluoride Varnish	2 (out of 2)	0	-	0
Developmental Screening in the First 3 Years	2 (out of 2)	0	-	0
Initial Health Appointment (IHA)	4 (out of 4)	0	-	0
Post-Discharge Care	10.5 (out of 10.5)	0	-	0
Ambulatory Care Sensitive Admissions (ACSA)	7 (out of 7)	0	-	0
Plan All-Cause Readmissions	10.5 (out of 10.5)	0	-	0
Preventable Emergency Visits	8 (out of 8)	0	-	0
Quality of Care Measures	Q1 2025 Points	# More Needed for 50th Percentile	# More Needed for 75th Percentile	# More Needed for 90th Percentile
Breast Cancer Screening	4.42 (out of 4.42)	0	0	1
Cervical Cancer Screening	4.42 (out of 4.42)	0	0	191
Child and Adolescent Well-Care Visits	4.42 (out of 4.42)	0	0	0
Chlamydia Screening in Women	4.42 (out of 4.42)	0	0	5
Colorectal Cancer Screening	4.42 (out of 4.42)	0	0	56
Depression Screening For Adolescents and Adults	4.42 (out of 4.42)	0	N/A	0
Diabetic HbA1c Poor Control > 9.0%	0 (out of 4.42)	-7	-35	-59
Immunizations: Adolescents	4.42 (out of 4.42)	0	0	0
Immunizations: Children (Combo 10)	4.42 (out of 4.42)	0	7	33
Lead Screening in Children	4.42 (out of 4.42)	0	12	41
Well-Child Visits in the First 15 Months	3.09 (out of 4.42)	0	2	14
Well-Child Visits for Age 15 Months to 30 Months	4.42 (out of 4.42)	0	0	0
Controlling High Blood Pressure	Exploratory	0	33	64

*Inverse measures - Negative values indicate less members for points. The goal is to have lower rates.




HEALTH REWARDS PROGRAM


 **Health Rewards Program**


The Alliance's Health Rewards Program rewards you and your family for taking actions that support your health!

We have rewards for getting routine care, managing chronic conditions, adopting healthy habits and more. Check out our rewards for all ages below!

**Important information about all Alliance rewards**

- You must be an Alliance member at the time of service to be eligible for the reward.
- Gift cards cannot be used to buy firearms, alcohol or tobacco.
- Lost or stolen cards cannot be replaced.

 **Healthy Start**



Reward amount:
Target gift cards totaling up to \$250

The Healthy Start program is for members ages 0-21 to get a healthy start on life and get rewarded!

[Read more](#)

DIRECT INCENTIVES

- Healthy Start
- Healthy Moms and Healthy Babies Program (Postpartum)

WORKSHOPS

- Healthy Weight for Life Program
- Healthier Living Program
- Live Better with Diabetes Program

MONTHLY RAFFLES

- Baby Flu Vaccine Reward (Sept-May only)
- Nurse Advice Line (NAL)
- Healthy Moms and Healthy Babies Program (Prenatal)

For more information call **800-700-3874, ext. 5580** or visit [Health Rewards Program](#).



KEY POINTS AND TAKEAWAYS



- Designate one or more **CBI Champions**.
- Use the **CBI Incentive Summary** and **Tip Sheets** as a guide to rate improvement.
- Access the Provider Portal to **track quarterly performance**.
- **Schedule CBI Forensics** to review your trends and performance.



CONTACT INFORMATION

CBI TEAM

Email: CBI@thealliance.health

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- Annecy Majoros, MA
- Britta Vigurs
- Cassie Russo, RN, BSN, PHN
- Daryl Ford, MS
- Jada Edwards
- Jo Pirie
- Kristen Rohlf, MPH
- Pa Moua
- Villyginn Morris

PROVIDER RELATIONS REPRESENTATIVE

Phone: 800-700-3874 ext. 5504

