

# CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

## 2021 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 is divided into:

- **Provider Incentives:** paid to qualifying contracted provider sites, including family practice, pediatrics and internal medicine. Provider incentives are broken into Programmatic and Fee-For-Service (FFS). Programmatic and FFS Measures vary in the frequency which they are paid and the incentive payment calculation methodology.
  - » Programmatic Measures are paid annually based their rate of performance in each measure.
  - » Fee-For-Service Measures are paid quarterly when a specific service is performed or a measure is achieved.
- **Member Incentives:** paid directly to members. Members are eligible for Member Incentives if they are enrolled with Medi-Cal and the Alliance.

This incentive summary provides an overview of the CBI program. For more information about Provider Incentives visit the [CBI Resources page](#). For more information on Member Incentives check out the [Alliance Health Programs](#) page. For general questions, talk with your Provider Relations Representative.



## 2021 Summary of Changes

### New Programmatic Measures:

- Alcohol Misuse Screening and Counseling has changed to Un-healthy Alcohol Use in Adolescents and Adults
- Application of Dental Fluoride Varnish
- Child and Adolescent Well-Care Visits
- Plan All-Cause Readmission replaced 30-Day Readmissions

### Measures Changes:

- Preventable Emergency Visits: urgent visits count as half the value as an ED visit.
- Quality of Care measures eligible linked member requirement changed from  $\geq 5$  to  $\geq 30$  members

### New Exploratory Measures (formerly Provisionary):

- Lead Screening in Children
- Tuberculosis (TB) Risk Assessment

### Retired Measures:

- BMI Assessment: Adult
- Member Satisfaction





**PROGRAMMATIC MEASURES**

**Care Coordination - Access**

- Application** of Dental Fluoride Varnish\*
- Developmental** Screening First 3 Years
- Initial** Health Assessment (IHA)
- Post-Discharge** Care
- Unhealthy** Alcohol Use In Adolescents & Adults\*

**PAYMENT FREQUENCY**

Annually

**SCORING METHODOLOGY**

Rate

**Care Coordination - Hospital & Outpatient**

- Ambulatory** Care Sensitive Admissions
- Plan** All-Cause Readmissions\*
- Preventable** Emergency Visits\*\*

**Quality of Care**

- Antidepressant** Medication Management
- Asthma** Medication Ratio
- BMI** Assessment: Children & Adolescents
- Cervical** Cancer Screening
- Child** And Adolescent Well-Care Visits (3 -21)\*
- Diabetic** HbA1c Poor Control >9.0%
- Immunizations:** Adolescents
- Immunizations:** Children (Combo 10)
- Maternity** Care: Postpartum
- Maternity** Care: Prenatal
- Well-Child** Visits In The First 15 Months of Life

Annually

Rate

**Performance Target**

- Performance** Improvement

Annually

Rate

**Exploratory**

- 90-Day** Referral Completion
- Breast** Cancer Screening
- Chlamydia** Screening in Women
- Controlling** High Blood Pressure
- Immunizations:** Adults
- Tuberculosis (TB)** Risk Assessment\*
- Lead** Screening in Children\*

Annually

Rate  
No Payment for 2021

**FEE-FOR-SERVICE MEASURES**

**PAYMENT FREQUENCY**

**SCORING METHODOLOGY**

**Practice Management**

- Behavioral** Health Integration
- Buprenorphine** License
- Patient** Centered Medical Home (PCMH) Recognition

Quarterly

Per Service Performed  
**or** When Measure  
is Achieved

**ALLIANCE HEALTH & WELLNESS REWARDS PROGRAM**

**PAYMENT FREQUENCY**

**SCORING METHODOLOGY**

- Early** Prenatal Care
- Healthy** Weight for Life (HWL)
- Immunizations:** Adolescents
- Immunizations:** Children
- Nurse** Advice Line (NAL)
- Postpartum** Visit
- Well-Child** Visits in the First 15 Months of Life

Quarterly

Per Service Performed



\* New measures in 2021

\*\*Measure changed in 2021

**% PROGRAMMATIC**

Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible   18
<b>Care Coordination Measures - Access Measures</b>						
Contract 3.1.9	Application of Dental Fluoride Varnish*	The percentage of members ages 6 months to 5 years (up to or before their 6th birthday) who received at least one topical fluoride application by staff at the PCP office during the measurement year.	≥5 Eligible Linked Members	<ul style="list-style-type: none"> <li><a href="#">Application of Dental Fluoride Varnish Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> <li><a href="#">CBI Tech Specs</a></li> </ul> <p><b>Fluoride Application Code:</b> CPT 99188 CDT D1206</p>	Benchmark Ranked	2
Contract 3.1.7	Developmental Screening First 3 Years	The percentage of members ages 1-3 years screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	≥5 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Developmental Screening Tip Sheet</a></li> <li><a href="#">CBI Tech Specs</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>Developmental Screening Code:</b> 96110</p>	Benchmark Ranked	2
Contract 3.1.6	Initial Health Assessment	New members that receive a comprehensive IHA within 120 days of enrollment with the Alliance. The IHA must include an age appropriate Staying Healthy Assessment (SHA) form.	≥5 linked members continuously enrolled within 120 days of enrollment (4 months)	<ul style="list-style-type: none"> <li><a href="#">SHA Resources</a></li> <li><a href="#">CBI Tech Specs</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">IHA Tip Sheet</a></b></p>	Benchmark Ranked	5
Contract 3.1.5	Post-Discharge Care	Members who receive a post-discharge visit within 14 days of discharge from a hospital inpatient stay. This measure pertains to acute hospital discharges only. Emergency room visits do not qualify.	≥5 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">CBI Tech Specs</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>Post-Discharge Codes:</b> 99201-99215, 99241-99245, 99341-99350, 99381-99385, 99391-99395, 99401-99404, 99411-99412, 99429, 99483</p>	Benchmark Ranked	6
Contract 3.1.8	Unhealthy Alcohol Use In Adolescents & Adults	Members 11 years and older who are screened for unhealthy alcohol use in primary care settings and providing persons 18 years and older engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	≥5 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Unhealthy Alcohol Use In Adolescents and Adults Tip Sheet</a></li> <li><a href="#">CBI Tech Specs</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>Unhealthy Alcohol Use In Adolescents and Adults Codes:</b> G0442, G0443, 88037-7 (Men), 75889-6 (Women &amp; Older Adults)</p>	Benchmark Ranked	3

\* New measures in 2021  
\*\*Measure changed in 2021

**% PROGRAMMATIC - CONTINUED**

Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible   37
<b>Care Coordination Measures - Hospital &amp; Outpatient Measures</b>						
Contract 3.1.2	Ambulatory Care Sensitive Admissions	The number of ambulatory care sensitive admissions (based upon Plan-identified AHRQ specifications) per 1,000 Eligible Members per year.	≥100 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Ambulatory Care Sensitive Diagnosis</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	10
Contract 3.1.4	Plan All-Cause Readmission*	The number of members 18 years of age and older with acute inpatient and observation stays during the measurement year that was followed by an unplanned acute readmission for any diagnosis within 30 days.	≥100 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Plan All-Cause Readmission Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	15
Contract 3.1.3	Preventable Emergency Visits**	The rate of preventable ED and urgent visits per 1,000 members per year. <b>Urgent Visits count as half the value as ED visits</b>	≥100 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Alliance Case Management and Care Coordination Programs</a></li> <li><a href="#">Health Education and Disease Management Programs</a></li> <li><a href="#">Preventable Emergency Visits Tip Sheet</a></li> <li><a href="#">Emergency Care Visit Diagnosis</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	12
<b>Quality of Care Measures</b>						
Contract 3.2.1	Antidepressant Medication Management	The percentage of members ages 18 years and older who had a diagnosis of major depression, were treated with an antidepressant medication, and remained on antidepressant medication for at least 84 days (12 weeks).	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Antidepressant Medication Management Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	35 total points available between all Quality of Care measures for which your practice qualifies

\* New measures in 2021  
 \*\*Measure change in 2021

**% PROGRAMMATIC - CONTINUED**

Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
<b>Quality of Care Measures (continued)</b>						
Contract 3.2.1	Asthma Medication Ratio	Members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medication to total asthma medications of 0.50 or greater during the measurement year.	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Asthma Medication Ratio Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>ICD-10 codes indicating persistent asthma:</b></p> <ul style="list-style-type: none"> <li>» J45.20 - J45.22</li> <li>» J45.30 - J45.32</li> <li>» J45.40 - J45.42</li> <li>» J45.50 - J45.52</li> <li>» J45.901 - J45.909</li> <li>» J45.990 - J45.998</li> </ul> <p>For a list of asthma controller medications, please <a href="#">CBI Tech Specs</a>.</p>	Benchmark Ranked	Varies
Contract 3.2.1	BMI Assessment: Children & Adolescents	The percentage of members 3 - 17 years of age who had an outpatient visit with a PCP or OB/GYN and had BMI percentile documented based on the CDC BMI-for-age growth charts.	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">BMI Assessment Tip Sheet</a></li> <li><a href="#">2020 Benchmark Matrix</a></li> <li><a href="#">2020 CBI Tech Specs</a></li> </ul> <p><b>Child &amp; Adolescent BMI Assessment Codes:</b></p> <p>Z68.51 – &lt; 5th percentile                      Z68.52 – 5th percentile to &lt; 85th                      Z68.53 – 85th percentile &lt; 95th                      Z68.54 – ≥ to 95th percentile</p>	Benchmark Ranked	Varies
Contract 3.2.1	Child and Adolescent Well-Care Visits (3-21 years)*	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Child and Adolescent Well-Care Visits Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> <li><a href="#">CBI Tech Specs</a></li> </ul> <p><b>Well-Adolescent Visit Codes:</b></p> <p>99384, 99385, 99394, 99395,                      Z00.00-Z00.01, Z00.121-Z00.129,                      Z00.5, Z00.8, Z02.0-Z02.6, Z02.714,                      Z02.82, Z76.1-Z76.2</p> <p><b>Well-Child Visit Codes:</b></p> <p>99382, 99383, 99392, 99393,                      Z00.121-Z00.129, Z00.8, Z02.0, Z02.5,                      Z02.825, Z76.1, Z76.2</p>	Benchmark Ranked	Varies

\* New measures in 2021  
 \*\*Measure change in 2021

**% PROGRAMMATIC - CONTINUED**

Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
<b>Quality of Care Measures (continued)</b>						
Contract 3.2.1	Cervical Cancer Screening	<p>Women 21-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women 21-64 years of age who had a cervical cytology performed within the last 3 years, beginning at age 21; or</li> <li>• Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>• Women 30-64 years of age who had cervical cytology/HPV co-testing performed within the last 5 years</li> </ul>	≥30 eligible linked members	<ul style="list-style-type: none"> <li>• <a href="#">Cervical Cancer Screening Tip Sheet</a></li> <li>• <a href="#">Benchmark Matrix</a></li> </ul> <p><b>Cervical Cancer Screening Codes:</b>                      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.  <b>To exclude members from the measure:</b>  <b>Z90.710 [Z90.710]</b> - absence of both cervix and uterus  <b>Z90.712 [Z90.712]</b> - absence of cervix with remaining uterus  <b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	Varies
Contract 3.2.1	Diabetic HbA1c Poor Control >9.0%	<p>Members age 18-75 who had a HbA1c test during the last 12 months, and whose most recent HbA1c test had result of &gt;9.0%.  <b>Members with no lab result submitted will be considered non-compliant for this measure.</b> (This is a reverse measure: lower rate is better)</p>	≥30 eligible linked members	<ul style="list-style-type: none"> <li>• <a href="#">Diabetic HbA1c Poor Control &gt;9% Tip Sheet</a></li> <li>• <a href="#">Benchmark Matrix</a></li> <li>• <a href="#">CBI Tech Specs</a></li> <li>• <a href="#">Health Education and Disease Management Programs</a></li> </ul> <p><b>HbA1c Test Codes:</b> 83036, 83037  <b>HbA1c Results:</b> 3044F - 3046F, 3051F, 3052F</p>	Benchmark Ranked	Varies
Contract 3.2.1	Immunizations: 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"> <li>• 1 dose meningococcal conjugate</li> <li>• 1 dose tetanus, diphtheria, and pertussis (Tdap)</li> <li>• 2 doses of human papillomavirus (HPV)</li> </ul>	≥30 eligible linked members	<ul style="list-style-type: none"> <li>• <a href="#">Immunizations: Adolescent Tip Sheet</a></li> <li>• <a href="#">Benchmark Matrix</a></li> <li>• <a href="#">CBI Tech Specs</a></li> </ul> <p><b>Immunization Codes:</b>                      Meningococcal - 90734                      Tdap - 90715                      HPV - 90651</p>	Benchmark Ranked	Varies

\* New measures in 2021  
 \*\*Measure change in 2021

**% PROGRAMMATIC - CONTINUED**

Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
<b>Quality of Care Measures (continued)</b>						
Contract 3.2.1	Immunizations: Children (Combo 10)	Toddlers turning 2 years of age who have received all of the following vaccinations by on or by their 2nd birthday: 4 diphtheria, tetanus, acellular pertussis (DTaP); 3 inactivated polio vaccine (IPV); 1 measles, mumps and rubella (MMR); 3 <i>haemophilus influenza</i> 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)	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Immunizations: Children (Combo 10) Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	Varies
Contract 3.2.1	Maternity Care: Postpartum Visit	The percentage of members who receive a postpartum visit on or between 7 and 84 days after delivery.	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Health Education and Disease Management Programs</a></li> <li><a href="#">Postpartum Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	Varies
Contract 3.2.1	Maternity Care: Prenatal Visit	Members who received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with the Alliance.	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Health Education and Disease Management Programs</a></li> <li><a href="#">Prenatal Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> </ul> <p><b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b></p>	Benchmark Ranked	Varies
Contract 3.2.1	Well-Child Visit In The First 15 Months	Members age 15 months old who had 6 or more well-child visits with a PCP during the first 15 months of life.	≥30 eligible linked members	<ul style="list-style-type: none"> <li><a href="#">Well-Child Visit First 15 Months Tip Sheet</a></li> <li><a href="#">Benchmark Matrix</a></li> <li><a href="#">CBI Tech Specs</a></li> </ul> <p><b>Well-Child Visit Codes:</b> 99381, 99382, 99391, 99392, 99461, Z00.110-Z00.129, Z00.8 Z02.82, Z76.1, Z76.2</p>	Benchmark Ranked	Varies

\* New measures in 2021

\*\*Measure change in 2021



% PROGRAMMATIC - CONTINUED

Source Ref	Measure	Summary Definition	Member Eligibility	Resources	Scoring/Incentive	Points Possible
<b>Performance Target Measures</b>						
Contract 3.3.3	Performance Improvement Measure	Providers can receive Performance Improvement points for every measure they qualify for by either:  Meeting the Plan Goal, <b>or</b> Achieving a 5% improvement compared to the prior year.	Measure specific member eligibility requirements	<a href="#">CBI Tech Specs</a>	Plan Goal or improvement over the prior year	10
<b>Exploratory Measures</b>						
Provider Manual	90-Day Referral Completion	Completion rate of referrals from linked PCP to a specialist within 90 days.	≥5 Eligible Linked Members	<a href="#">90-Day Referral Completion Tip sheet</a> <b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b>	Benchmark Ranked	N/A
Provider Manual	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	<a href="#">Breast Cancer Screening Tip Sheet</a> <a href="#">CBI Tech Specs</a> <b>Breast Cancer Screening Codes:</b> 77061-77067, G0202-G0206	Benchmark Ranked	N/A
Provider Manual	Chlamydia Screening in Women	Women 16 to 24 years old who are identified as sexually active and who had at least one screening for chlamydia during the measurement year.	≥30 Eligible Linked Members	<a href="#">Chlamydia Screening Tip Sheet</a> <a href="#">CBI Tech Specs</a> <b>Chlamydia Screening Codes:</b> 87110, 87270, 87320, 87490-87492, 87810	Benchmark Ranked	N/A
Provider Manual	Controlling High Blood Pressure	Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) in the last 12 months. <b>BP reading must occur on or after the date of the second HTN diagnosis.</b>	≥30 Eligible Linked Members	<a href="#">Controlling High BP Tip Sheet</a> <a href="#">CBI Tech Specs</a> <b>Controlling Blood Pressure Codes:</b> 3079F, 3080F, 3078F, 3077F, 3074F, 3075F	Benchmark Ranked	N/A
Provider Manual	Immunizations: Adults	The percentage of members 19 - 65 years old who are up-to-date on influenza, TD/Tdap and zoster vaccines.	≥30 Eligible Linked Members	<a href="#">Immunizations: Adults Tip Sheet</a> <b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b>	Benchmark Ranked	N/A
Provider Manual	Lead Screening in Children*	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	≥30 Eligible Linked Members	<a href="#">Lead Screening in Children Tip Sheet</a> <b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b>	Benchmark Ranked	N/A
Provider Manual	Tuberculosis (TB) Risk Assessment*	The percentage of members ages 12 months to 21 years (up to before their 21st birthday) who have been screened for latent tuberculosis infection (LTBI) risk factors by staff at the PCP office during the measurement year.	≥5 Eligible Linked Members	<a href="#">TB Risk Assessment Tip Sheet</a> <b>For a full list of codes see the <a href="#">CBI Tech Specs</a></b>	Benchmark Ranked	N/A

\* New measures in 2021

\*\*Measure change in 2021

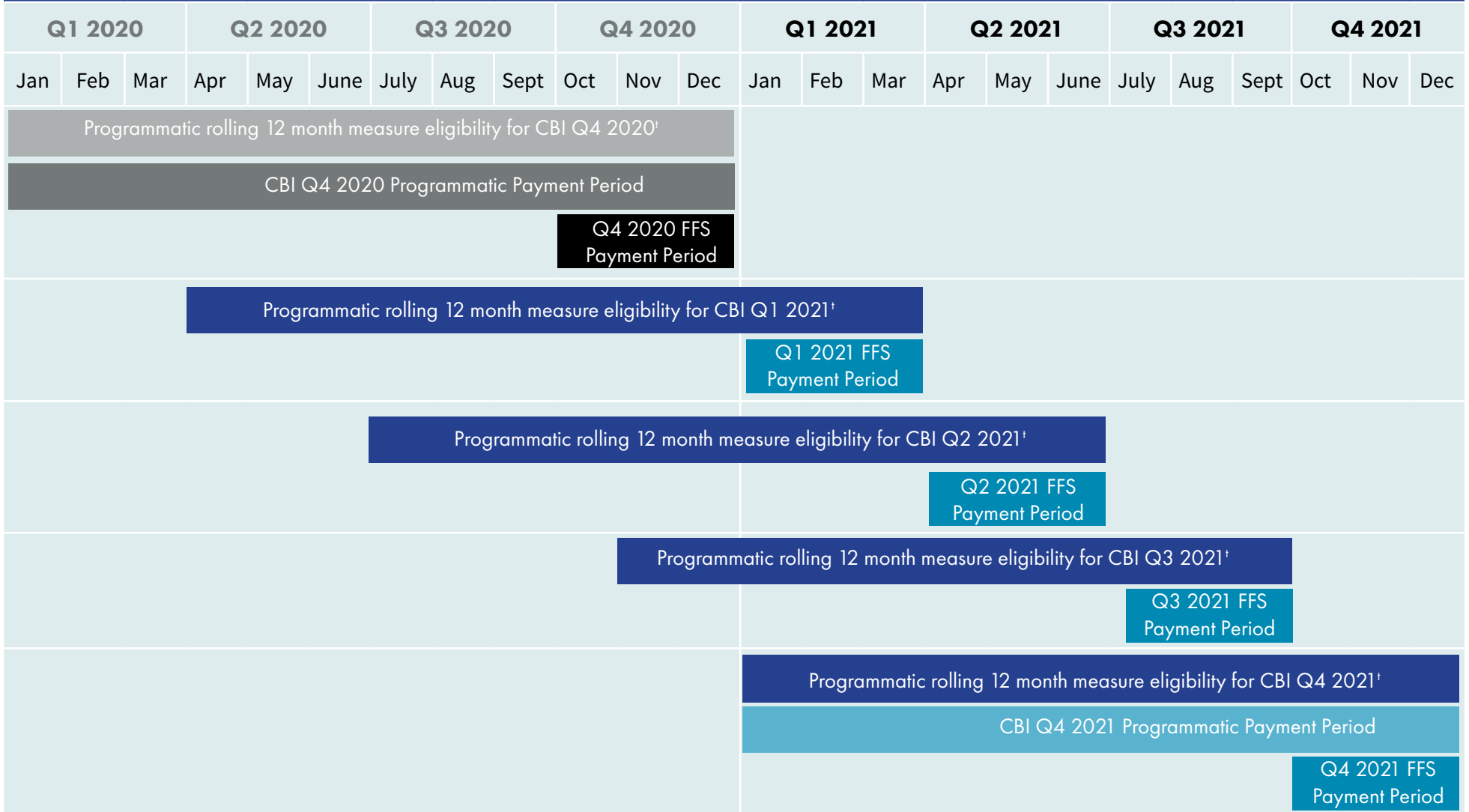
 FEE FOR SERVICE (FFS) - CONTINUED

Source Ref	Measure	Summary Definition	Member Eligibility	Resources/Notes	Scoring/Incentive
<b>Practice Management Measures</b>					
Contract 4.1	Buprenorphine License	Plan shall pay Providers, which includes mid-level Providers, for obtaining a X License through the DEA. Plan shall pay Provider \$1,000 for each CBI group that the clinician practices under.  Mid-level providers must be practicing under a supervising PCP physician with an X-Licensure to be eligible for incentive payment.	N/A	Contact your Provider Services Representative for instructions on submitting your X License.  <a href="#">CBI Tech Specs</a>	\$1,000 one time payment  Payments are made a single time after receipt of License. Payments do not reoccur yearly or quarterly.
Contract 4.2	Patient Centered Medical Home (PCMH) Recognition	Plan shall pay providers \$2,500 for achievement of NCQA recognition or The Joint Commission (TJC) certification.	N/A	For providers submitting their initial application for NCQA PCMH Recognition, use Alliance discount code <b>CCAHA</b> to <b>save 20%</b> on your application fee.  <a href="#">CBI Tech Specs</a>	\$2,500 one time payment  Payments are made a single time after recognition/certification. Payments do not reoccur yearly or quarterly.
Contract 4.3	Behavioral Health Integration	Plan shall pay providers \$1,000 for initial achievement of NCQA Distinction in Behavioral Health or PCMH recognition through The Joint Commission (TJC). No additional documentation needed to Plan for TJC as behavioral health integration is included in TJC PCMH certification. Certification earned prior to the current CBI year counts as long as the provider has not been paid previously for that certification.	N/A	Contact your Provider Services Representative on submitting NCQA Distinction in Behavioral Health Integration or The Joint Commission PCMH certification.  <a href="#">CBI Tech Specs</a>	\$1,000 one time payment  Payments are made a single time after certification. Payments do not reoccur yearly or quarterly.

\* New measures in 2021  
 \*\*Measure change in 2021

 **CBI TIMELINE** 

**Programmatic & Fee-For-Service Measures**



<sup>†</sup>The IHA incentive has a 15 rolling month measurement period to accommodate 120 days post enrollment date. See [CBI Tech Specs](#) for additional information.



## HEALTH &amp; WELLNESS REWARDS PROGRAM

Source Ref	Measure(s)	Summary Definition	Member Eligibility	Resources/Notes	Scoring/Incentive
Provider Manual	Early Prenatal Care-Healthy Moms and Healthy Babies (HMHB) Program	Members who see their doctor within the first 13 weeks of being pregnant or 6 weeks of joining the Alliance, will be entered into a monthly raffle for a chance to win a \$50 target gift card.	Eligible members	<a href="#">Additional Resource: Breast Feeding Support</a>	Prenatal Visit: \$50 Gift Card Raffle drawing once a month
Provider Manual	Healthy Weight for Life (HWL)	Members between the ages of 2 to 18 who attend a 10-week workshop will receive a target gift card for up to \$100 for attending. Members who complete the workshop will also be entered into a raffle for a chance to win a bike.	Members 2-18 years of age with a BMI of $\geq$ 85th percentile	<a href="#">Health Education and Disease Management Programs</a>	Gift Card for up to \$100 Raffle drawing once a quarter  Bicycle Raffle - One Winner Per County Twice a Year
Provider Manual	Immunizations: Adolescents	Adolescents members turning 13 years of age who have received the following vaccinations by the time of their 13th birthday: <ul style="list-style-type: none"> <li>• 1 dose meningococcal conjugate</li> <li>• 1 dose tetanus, diphtheria, and pertussis (Tdap)</li> <li>• 2 doses of human papillomavirus (HPV)</li> </ul>	Members turning 13 years of age	<b>** Measure requires provider to submit claims and update immunization registry</b>	Gift Card for \$50 Raffle drawing once a quarter
Provider Manual	Immunizations: Children	Toddler members turning 2 years of age who have received all of the following vaccinations by their 2nd birthday: <ul style="list-style-type: none"> <li>4 diphtheria, tetanus, acellular pertussis (DTaP);</li> <li>3 inactivated polio vaccine (IPV);</li> <li>1 measles, mumps and rubella (MMR);</li> <li>3 <i>haemophilus influenzae</i> type B (HiB);</li> <li>3 hepatitis B (HepB);</li> <li>1 varicella (VZV);</li> <li>4 pneumococcal conjugate (PCV)</li> <li>2 or 3 rotavirus (RV)</li> <li>1 hepatitis A (HepA)</li> <li>2 influenza (flu)</li> </ul>	Members turning 2 years of age	<b>** Measure requires provider to submit claims and update immunization registry</b>	Gift Card for \$100 Raffle drawing once a quarter
Provider Manual	Nurse Advice Line	Members who call the Nurse Advice Line are eligible to be entered into a monthly raffle.	Eligible members	<a href="#">Health Education and Disease Management Programs</a>	\$25 Gift Card Raffle drawing once a month

\* New measures in 2021

\*\*Measure change in 2021



HEALTH & WELLNESS REWARDS PROGRAM

Source Ref	Measure(s)	Summary Definition	Member Eligibility	Resources/Notes	Scoring/Incentive
Provider Manual	Postpartum Visit-Healthy Moms and Healthy Babies (HMHB) Program**	Members who see their doctor 3 to 8 weeks after having a baby will receive a \$25 target gift card.	Eligible members	<a href="#">Health Education and Disease Management Programs</a>	\$25 Gift Card
Provider Manual	Well-Child Visit First 15 Months of Life	Members age 15 months old who completed their well-child visit at: <ul style="list-style-type: none"> <li>• 5 days old</li> <li>• 1 month old</li> <li>• 2 months old</li> <li>• 3 months old</li> <li>• 4 months old</li> <li>• 6 months old</li> <li>• 12 months old</li> <li>• 15 months old</li> </ul> are eligible to be entered into a monthly raffle.	Eligible members	<a href="#">Health Education and Disease Management Programs</a>	\$25 Gift Card Raffle drawing once a month
Provider Manual	Well-Child Visit First 15 Months of Life	Members age 15 months old who completed 6 or more well-visits by 15 months of age will be eligible to be entered into a yearly raffle.	Eligible members	<a href="#">Health Education and Disease Management Programs</a>	\$150 Gift Card Raffle drawing once a year

Additional information available at: [www.ccah-alliance.org/providerincentives.html](http://www.ccah-alliance.org/providerincentives.html)

## Questions?

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

