Care-Based Incentives (CBI) 2022 Workshop Webinar

Frequently Asked Questions

1) What does the half point mean in the preventable emergency visit measure?

The half point on the CBI practice profile indicates that the member was seen in urgent care. The preventable emergency visits seen in the emergency department count as 1 and the preventable emergency visits seen in urgent care count as .5 in the numerator.

2) Are providers still receiving full points for IHA?

For the CBI 2021 program year, providers will continue to receive full points as long as they meet the denominator threshold criteria. In the CBI 2022 program, CBI providers must meet their peer benchmarks in order to receive CBI points.

As of October 1, 2021, all Primary Care Providers must resume Initial Health Assessment (IHA) activities that were temporarily suspended during the period of December 1, 2019 – September 30, 2021. All newly enrolled members starting October 1, 2021 will need to have the IHA completed within the contracted 120-day timeframe.

As part of the Department of Healthcare Services (DHCS) policy update, the Alliance will conduct outreach to all members that were newly eligible from December 1, 2019 – September 30, 2021 who have not received an IHA or have not engaged in primary care/perinatal services since enrollment.

Information on the policy change can be accessed on the Alliance website under the provider news for Initial Health Assessment (IHA) update from the Department of Healthcare Services (DHCS).

3) Would Practice Coaching help our CBI rates? What are some topics covered in Practice Coaching? Would it be beneficial to those involved in care planning and management, such as referral coordinators and administrative staff?

Our Practice Coaching team can help your clinic with improving your CBI rates. After contacting the Practice Coaching team, a team member will reach out to schedule a virtual meeting with your clinic. During the initial meeting we will discuss any barriers and/or challenges your clinic might be facing, what CBI measures or improvement projects you'd like to focus on, and how to begin implementing those changes.

Please reach out to our Practice Coaching team at pc@ccah-alliance.org for any additional questions.

4) What is the best way for managers to receive the quarterly CBI report for their clinic?
Please contact your Provider Relations Representative if you would like to be added to their list of contacts to ensure delivery of the quarterly CBI practice profiles reports, as well as for any assistance in signing up for the Provider Portal to view quarterly CBI reports.

5) If we have issues with our immunization registries, who should we contact for support?
On their websites, the California Immunization Registry (CAIR) and RIDE/Healthy Futures Immunization Registry list their Help Desk contact info; however, if you're having trouble reaching either immunization registry help desk, please reach to Jo Pirie at jpirie@ccah-alliance.org or email the CBI Team.

CAIR Help Desk phone: 800-578-7889; email: CAIRHelpDesk@cdph.ca.gov
RIDE (Healthy Futures) Help Desk phone: 209-468-2292; email: support@healthyfutures.org

6) Are we able to submit for measures all month long, or is there a specific date that is considered too late?
For the data submission tool (DST), if you submit data before the 20th of the month, then you should start to see data populate in the following month. For example, if you were to submit the data on October 20th, there is a chance that you will see the data populate in the November Provider Portal Quality Report data, but it should be there in the December Portal Quality Reports. You can submit DST data at any frequency, but in order to see it integrated into the CBI quarterly reports, you will want to submit the data by the end of the quarter.

For claims data, the information in our system must be paid, and then refreshed over the weekend to integrate the information into our systems. For example, if a service date in early October is submitted and received by October 20th but not paid, then there will be additional lag time before you see the service in the Provider Portal Quality Reports until our claims system processes a finalized paid claim and then integrates that information into our data system.

7) Will the CCAH portal page be updated?
We will be making changes for the new measures for CBI 2022 in the upcoming months. If there are any changes to the provider portal, we add a notification to the landing page on the provider portal.

8) How do I bill for an ACEs screening?
Provides must bill using one of the two HCPCS codes to indicate whether the result is positive or negative. For FQHCs, the screening code must be billed separately from the office visit claim.

- G9919 – Screening performed – Providers must bill this HCPCS code when the member's ACE score is 4 or greater (high risk), results are positive.
- G9920 - Screening performed – Providers must bill this HCPCS code when the member's

ACE score is between 0 – 3 (lower risk), results are negative.

For billing frequency, children and adolescents under age 21 are permitted periodic ACE rescreening as determined appropriate and medically necessary, not more than once per year, per clinician (per managed care plan). Children should be screened periodically to monitor the possible accumulation of ACEs and increased risk for a toxic stress physiology.

For adults age 21 through age 64, billing for the screening is permitted once in their adult lifetime (through age 64), per clinician (per managed care plan). Screenings completed while the person is under age 21 do not count toward the one screening allowed in their adult lifetime. Adults should be screened at least once in adulthood, although patient comfort with disclosure may change over time, so re-screening for adults may be considered.

Before billing the Alliance, clinical team members must complete a certified ACEs Aware Core Training and attest to completing the training to DHCS in order to qualify to receive Medi-Cal payment for conducting ACE screenings. The Alliance reviews incoming ACEs claims against a monthly file from the state to asses if the rendering provider has completed and attested to the required training.

For additional billing questions, please see the ACES AWARE Billing and Payment website.

9) Where can I find more information about the CODID-19 incentives? Does it matter where the patient gets their COVID-19 vaccine for their member incentive?

Providers can find more information in the COVID-19 vaccine incentives for providers, pharmacists and members Provider News article on the Alliance website. Member incentive information can be found on the COVID-19 Information for Members page on the Alliance website.

10) What is the member incentive for children receiving two flu doses?

Members ages 7 to 24 months old who get their two flu shot doses between September and May will be entered into a monthly raffle for a $100 Target gift card. The recommendations from the CDC Advisory Committee on Immunization Practices' (ACIP) is to receives 2 doses, separated by at least 4 weeks, for children 6 months–8 years who have received fewer than 2 influenza vaccine doses before July 1, 2020 (for the 2021 calendar year), or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2).

11) What is best support for pregnancy and postpartum depression?

The Alliance has a Healthy Moms and Healthy Babies Health Education Program that encourages members that are pregnant to get early prenatal care and provides information and resources for a healthy pregnancy including labor and delivery, postpartum care, and breastfeeding support. When the Health Educators outreach to members over the phone, if the member responds that they are feeling depressed or sad we inform them of Beacon and how to connect with services. If the Health

Educator feels that the member needs more support, they will complete an internal referral to the Care Coordination team to request the member is connected to a social worker and/or nurse to support any additional needs. If we have a resource in the community to connect the member to, we will share this information during the calls as well. Providers can use the Health Education and Disease Management Program Health Programs Referral Form to refer members to this program.

Members can be entered into a $50 Target gift card raffle when they are seen within the first 13 weeks of being pregnant or 6 weeks of joining the Alliance. If the member sees there doctor 3 to 8 weeks after having their baby, they can win a $50 Target gift card.

Depression screenings are covered during a prenatal, postpartum and well child visit. Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum recipient: once when the recipient is pregnant and once when she is postpartum. The combined total claims for screening pregnant or postpartum recipients using HCPCS codes G8431 and/or G8510 may not exceed two per year, per recipient, by any provider of prenatal or postpartum care.

During a well child visit, providers can submit claims for maternal depression screening up to four times during the infant's first year of life. Bright Futures recommends screening for maternal depression at the infant's one-month, two-month, four-month and six-month visits, with referral to the appropriate provider for further care if indicated. For more information, please see the Evaluation and Management (E&M) section of the Medi-Cal Provider Manual for more details.

For behavioral health resources including the Beacon Primary Care Provider (PCP) Referral Form to Beacon services please see the Alliance Behavioral Health website.

If you're looking for education resources, the California nonprofit organization 2020 Mom is focused on closing gaps in maternal mental health care through education, advocacy and collaboration. They offer many resources for providers. Another resource is the Postpartum Support International that has provider resources and tools available.

12) Do we get points for screening for depression with a negative result?

Yes. One of the HCPCS codes in the measure is specific to a negative screening results. That code is:

- G8510 - Screening for depression is documented as negative, a follow-up plan is not required.

13) What are the Nurse Advice Line Resources?

The Nurse Advice Line is a service available to all Alliance members. This service is available 24 hours a day, 7 days a week at no cost to members. If a member or their child is feeling ill or has any health-related questions, please refer them to the Nurse Advice Line at **844-971-8907 (TTY: Dial** 711) to speak with a nurse. A registered nurse will provide medical advice and help members

decide whether to:

- make an appointment with you, their Primary Care Provider (PCP) or,
- make decisions on when and how to seek medical care for an urgent need.

Depending on the health needs, a nurse might also assist in providing at home advice.
Best practices for the Nurse Advice Line include adding the call information to your clinic's phone tree (if available), hang posters in waiting rooms and/or patient rooms, and remind members of this free service during visits. For additional information and/or resources, please contact your Provider Relations Representative. See the Nurse Advice Line Alliance website page for more information.

14) For blood pressure CPT II codes, are those to be reported on the claim along with office visit or do we submit them on separate claim?

The best practice is to submit the blood pressure readings using the CPT II codes on the same claim as the office visit to note the blood pressure readings. You can separately submit the CPT II codes through the Data Submission Tool (DST) on the Provider Portal, however we must have received a claim for an outpatient visit without UB revenue codes billed to the Alliance to match the date of service of the office visit with the blood pressure reading submissions to the DST. The outpatient visit is not accepted through the DST and must be received as a claim.